2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #743713

NORMANDY A ASSOCIATION, INC.



FILED							
Mar 18, 2005 8:00 am							
Secretary of State							
02 19 2005 00061 042 ****61 25							

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Principal Place of Business C/O FIRST SOURCE MGMT. & ACCOUNTING 1903 S. CONGRESS AVE. SUITE 160 BOYNTON BEACH, FL 33426 US			Mailing Address C/O FIRST SOURCE MGMT. & ACCOUNTING 1903 S. CONGRESS AVE. SUITE 160 BOYNTON BEACH, FL 33426 US			20022408					
2. Principal Place of Business 3. Ma			failing Address			<u> </u>					
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.			03092005	Chg-NP	CR2E	37 (10/03)		
City & State			City & State			4. FEI Number 59-18925	 549		 	pplied For	
Zip	Zip Country Zip			p Country			Status Desired		\$8.75 Add	ditional	
6. Name and Address of Current Register			d Agent	Agent			7. Name and Address of New Registered Agent				
				N	lame						
BURR; ROBERT ESQ JAYSTEVEN LEVINE P A 2500 N MILITARY TRAIL STE 490 BOCA RATON, FL 33431			•		Street Address (P.O. Box Number is Not Acceptable)						
					City			Fl	Zip Cod	Je .	
8 The above	named entity submits this statement for	r the num	ose of changing its	registered c	ffice or registr	ored agent or both	in the State of El	orida Last	familiar with	and appent	
the obligat	ions of registered agent.	, the barb	osc or crianging its	registered e	;	ored agent, or bour,	in the State of the	onda. Tar	rtarrinar with	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if one	despla (MOTI	E. Danistavad Ans	ant alreads are records	ed when reinstating)		DATE			
		a: A) LINE III BHL	(101)	negislered Age	ant signatore redokt	ec when remaining)		UATE			
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Car Trust Fund C		ncing	\$5.00 May Be Added to Fees			k payable t rtment of S		
10	OFFICERS AND DI	RECTORS	· · · · · · · · · · · · · · · · · · ·	11.		ADDITIONS/CHAN	IGES TO OFFICE	RS AND D	IRECTORS IN	V 10	
TITLE .	PD		Delete	TITLE	PAS				☐ Change	M Addition	
NAME	EARNHARDT, LYN		per Delete	NAME		AUNT GARB	4 2		C) Change	LE Madilion	
STREET ADDRESS	37 NORMANDY A			STREET AL	DRESS ~ O I	Normeno	100				
CITY-ST-ZIP	DELRAY BEACH, FL 33484			CITY-ST-		LRAY BOTH	F	83484	t		
TITLE	VPD		Delete	TITLE	June			7777	Change	Addition	
NAME	LEVY, ABE		Delete	NAME	17.4	عصمكا محبن	T		Change	Auditoti	
STREET ADDRESS	36 NORMANDY A			STREET AL	Ingres 9	NOMMAND	/ A				
CITY-ST-ZIP	DELARY BEACH, FL 33484			CITY-ST-	7/P 3	A. A.		3484			
	SD SD		—			HAAY AUA.	, M, FE 8	2767		Bert	
TITLE			🔼 Delete	TITLE		ra:			Change	Addition .	
NAME CTREET ADDRESS	PORTER, CYNTHIA			NAME		RUAN SEN	INALER	•			
STREET ADDRESS CITY-ST-ZIP	27 NORMANDY A			STREET AL CITY-ST-	7'	NOWWEND	Y 4,			ŀ	
	DELRAY BEACH, FL 33484				P P P	LAAY BUM	CU, PL	13.45	<u> </u>		
TITLE	TD CANADA		Delete	TITLE	0.1	L			T Change	Addition	
NAME	GENSLER, SAMUEL			NAME	13#	NO KARY	A				
STREET ADDRESS	10 NORMANDY A			STREET AL	DRESS H	NOKMAN	5 Y 77		-1		
CITY-ST-ZIP	DELRAY BEACH, FL 33484			CITY-ST-	^{(IP} 13.5	LARY AGI	new, Fr	1348	<u> </u>		
TITLE	D		Delete	TITLE					Change	Addition	
NAME	RODOWITZ, DARYL			NAME							
STREET ADDRESS	39 NORMANDY A			STREET AL	DRESS						
CITY-ST-ZIP	DELRAY BEACH, FL 33484			CITY-ST-	ZIP						
TITLE			Delete	TITLE	D, a			-	☐ Change	Addition	
NAME	• • • • • • • • • • • • • • • • • • • •			NAME		ist face	سی مع د			- f	
STREET ADDRESS				STREET AL		NORMANAY	A				
CITY-ST-ZIP				CITY-ST-	ZIP X	NORMHAY - RAY BOW	Tall Fin 2	3481		l	
12. I hereby o	certify that the information supplied with	this filina	does not qualify for	r the exempt	ion stated in S	Section:119.07(3)(i).	Florida Statutes.	I further ce	ertify that the i	nformation	
indicated	on this report or supplemental report is	true and	accurate and that n	ny signature	shall have the	same legal effect a	s if made under	oath; that I	am an officer	or director	

of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNAT	URE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR