

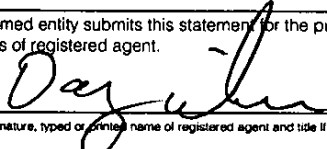
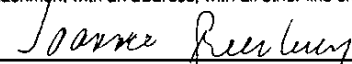


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90017 009 \*\*\*\*61.25

<b>DOCUMENT # 743713</b> 1. Entity Name <b>NORMANDY A ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O FIRST SOURCE MGMT. &amp; ACCOUNTING</b> <b>1903 S. CONGRESS AVE. SUITE 160</b> <b>BOYNTON BEACH, FL 33426 US</b>				Mailing Address <b>C/O FIRST SOURCE MGMT. &amp; ACCOUNTING</b> <b>1903 S. CONGRESS AVE. SUITE 160</b> <b>BOYNTON BEACH, FL 33426 US</b>	
2. Principal Place of Business - No P.O. Box # <b>15300 Jog Road</b> Suite, Apt. #, etc. <b>Suite #109</b>		3. Mailing Address <b>P.O. Box 244464</b> Suite, Apt. #, etc.			
City & State <b>Delray Beach, FL</b>		City & State <b>Boynton Beach, FL</b>		4. FEI Number <b>59-1892549</b>	
Zip <b>33446</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BURR, ROBERT ESQ</b> <b>JAYSTEVEN LEVINE P A</b> <b>2500 N MILITARY TRAIL STE 490</b> <b>BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name <b>Danny Wilson, Wilson Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>15300 Jog Road, Suite #109</b> City <b>Delray Beach, FL</b> Zip Code <b>33446</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <b>Danny Wilson</b> <b>3/13/2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P GREENBURG, JOANNE</b> <b>45 NORMANDY A</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LEVY, AL</b> <b>36 NORMANDY A</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S KRAFT, LINDA</b> <b>9 NORMANDY A</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SHAPIRO, NEIL</b> <b>31 NORMANDY A</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T SHINDLER, JORDAN</b> <b>41 NORMANDY A</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BONDER, BETTY</b> <b>42 NORMANDY A</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VVP RODOWITZ, DARYL</b> <b>39 NORMANDY A</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FALCONE, ALICE</b> <b>42 NORMANDY</b> <b>DELRAY BEACH, FL 33484</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or 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.					
<b>SIGNATURE:</b> 			<b>3/9/07</b> <b>561-381-4941</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		