

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90018 035 ****61.25

DOCUMENT # 743713

1. Entity Name
NORMANDY A ASSOCIATION, INC.



Principal Place of Business
**15300 JOG ROAD
SUITE #109
DELRAY BEACH, FL 33446 US**

Mailing Address
**PO BOX 244464
BOYNTON BEACH, FL 33424 US**

40034040



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1892549

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, DANNY
WILSON MANAGEMENT
15300 JOG ROAD SUITE #109
DELRAY BEACH, FL 33446**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GREENBURG, JOANNE**
STREET ADDRESS **45 NORMANDY A**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **S** ☐ Delete
NAME **KRAFT, LINDA**
STREET ADDRESS **9 NORMANDY A**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **T** ☐ Delete
NAME **SHINDLER, JORDAN**
STREET ADDRESS **41 NORMANDY A**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **D** ☒ Delete
NAME **BONDER, BETTY**
STREET ADDRESS **42 NORMANDY A**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **VP** ☐ Delete
NAME **RODOWITZ, DARYL**
STREET ADDRESS **39 NORMANDY A**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **D** ☐ Delete
NAME **LEVY, AL**
STREET ADDRESS **36 NORMANDY A**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Lieberman, Bertram**
STREET ADDRESS **30 Normandy A**
CITY-ST-ZIP **Delray Bch. FL 33484**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08

Date

Daytime Phone #

561-381-4941

ADDITIONAL TAX PACK

DIV