

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743713

Entity Name: NORMANDY A ASSOCIATION, INC.**Current Principal Place of Business:**4723 W ATLANTIC AVE STE A-19
DELRAY BEACH, FL 33445**Current Mailing Address:**4723 W ATLANTIC AVE STE A-19
DELRAY BEACH, FL 33445**FEI Number:** 59-1892549**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, DANNY L
4723 W ATLANTIC AVE STE A-19
DELRAY BEACH, FL 33445 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	GREENBURG, JOANNE
Address	45 NORMANDY A
City-State-Zip:	DELRAY BEACH FL 33484

Title	VP
Name	SHAPIRO, NEIL
Address	31 NORMANDY A
City-State-Zip:	DELRAY BEACH FL 33484

Title	SECRETARY
Name	KRAFT, LINDA
Address	9 NORMANDY A
City-State-Zip:	DELRAY BEACH FL 33484

Title	TREASURER
Name	LIEBERMAN, BERTRAM
Address	30 NORMANDY A
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	RODOWITZ, TOM
Address	39 NORMANDY A
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	WELCH, ARLINE
Address	3 NORMANDY A
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	SAUERS, GEORGE
Address	14 NORMANDY A
City-State-Zip:	DELRAY BEACH FL 33484

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOANNE GREENBURG

PRESIDENT

01/24/2014

Electronic Signature of Signing Officer/Director Detail_____
Date