

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746721

Entity Name: NORMANDY E ASSOCIATION, INC.**Current Principal Place of Business:**C/O WILSON MANAGEMENT
4723 W ATLANTIC AVE A19
DELRAY BEACH, FL 33445**Current Mailing Address:**C/O WILSON MANAGEMENT
4723 W ATLANTIC AVE A19
DELRAY BEACH, FL 33445**FEI Number:** 59-2015076**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, DANNY
C/O WILSON MGT
4723 W ATLANTIC AVE A19
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:** LAURA M MANNING- HUDSON

01/14/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KIRCHENBAUM, LENORE
Address 4723 W ATLANTIC AVE A-19
City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER
Name ROSEN, PHYLLIS
Address 4723 W ATLANTIC AVE A-19
City-State-Zip: DELRAY BEACH FL 33445

Title VP
Name BUCKHANTZ, RICHARD
Address 4723 W ATLANTIC AVE A-19
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name TEMKIN, SARAH
Address 4723 W ATLANTIC AVE A-19
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY
Name D'AMICO, ROSE
Address 4723 W ATLANTIC AVE A19
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name DIGSBY, CYNTHIA
Address 4723 W ATLANTIC AVE A-19
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name BOGEN, GLORIA
Address 4723 W ATLANTIC AVE A-19
City-State-Zip: DELRAY BEACH FL 33445

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: LENORE KIRCHENBAUM

PRESIDENT

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date