DOCU 1. Entity Nar	MENT # 746770	• ,	E 44 , m.					
NORMANDY I ASSOCIATION, INC.						SEBRETA DIVISION CI	FILED XRY OF STA	JE Tinus
Principal Place of Business Mailing Address						ELA1910M C	L SOUL OWN	TIONS
C/O C. A. M. S. 314 NE 3RD STREET BOYNTON BEACH FL 33435 US		C/O C. A. M. S. 314 NE 3RD STREET BOYNTON BEACH FL 33435-3892 US			861) 2(D16 B11(1 (661) (961) 621) 62	27 PM 3:	nu žedni zaši	
2. Principal Place of Business C/O S.F.L. Services of Boynton Beach,			T					
Suite, Apt. #, etc. Suite, Apt. #, etc.			, Inc		-	DO NOT WRITE IN	THIS SPACE	
660 NW 10th Court		660 NW 10th Court City & State		4 55111 -		1 14.	and the	
Boynton Beach Florida		Boynton Beach, Florida		4. FEI Numb	59-1981747	— — —	oplied For ot Applicable	
Ζή 33426	Country	Zip	Counti	у	5. Certificate	of Status Desired	\$8.75 Add	
33420	6. Name and Address of Current	33426 Registered Agent	USA		7. Name and	Address of New Registe		
Name					Services of Boynton Beach, Inc.			
LAUWIG, PATITH				Street Address	Address (P.O. Box Number is Not Acceptable)			
-127-W-FOREST HILL-BLVD				660 NW 10th Court				
SUITE 1317 WELLINGTON FL 33414				City Boynton Beach FL Zip Code 33426				
8. The above named entity submits this statement for the purpose of changing its registered off							3342	В
SIGNATURE DATE DUF FY President Q (NOTE: Registered Agent and bite it applicable. (NOTE: Registered Agent					od when reinstating)	Afry 3	23/10	
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	· · · · · · · · · · · · · · · · · · ·	9. Election Campaign Trust Fund Contribu	-		OO May Be ed to Fees			,
10.	FEE IS \$61.25 OFFICERS AND DIF	Trust Fund Contribu	-		ed to Fees		ment of State	
TITLE NAME STREET ADDRESS	OFFICERS AND DIF D FEINNE, WILLIAM 391 NORMANDY I	Trust Fund Contribu	11. TITLE NAME STREET A	ODRESS Adde	ed to Fees	Departr	ment of State	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	OFFICERS AND DIF D FEINNE, WILLIAM 391 NORMANDY I DELRAY BEACH FL 33484	Trust Fund Contribu	11. TITLE NAME STREET A CITY-SI	ODRESS Adde	ed to Fees	Departr	D DIRECTORS IN	1 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF D FEINNE, WILLIAM 391 NORMANDY I DELRAY BEACH FL 33484 PD LESSIN, SYDNEY	Trust Fund Contribu	TITLE NAME STREET A CITY-SI DILE NAME	ODRESS - 2IP	ed to Fees	Departr	ment of State	10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF D FEINNE, WILLIAM 391 NORMANDY I DELRAY BEACH FL 33484 PD LESSIN, SYDNEY	Trust Fund Contribu	TITLE NAME STREET A CITY-SI DILE NAME	ODRESS -ZIP -DDRESS -ZIP	ADDITIONS/CH	Departr	D DIRECTORS IN	1 10 Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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.

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