2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 746860

Entity Name: NORMANDY N ASSOCIATION, INC.

Current Principal Place of Business:

C/O PRIME MANAGEMNET GROUP INC
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

C/O PRIME MANAGEMNET GROUP INC
6300 PRK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 59-1972841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORMANDY N
6300 PK OF COMMERCE BLVD
BOCA RATON, FL ., FL 33487 US

Name and Address of New Registered Agent:

HILLEY & WYANT - CORTEZ, P.A
860 U.S. HIGHWAY 1
SUITE 108
N. PALM BEACH, FL 33408 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: PATRICIA HARTLEY 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROTHSCHILD, BEN
Address: KINGS PT. NORMANDY N 633
City-St-Zip: DELRAY BEACH, FL

Title: D ( ) Delete
Name: LEVINE, GERALD
Address: 641 NORMANDY N
City-St-Zip: DELRAY BCH, FL 33484

Title: VD ( ) Delete
Name: OAKLANDER, BEN
Address: 645 NORMANDY N
City-St-Zip: DELRAY BEACH, FL

Title: S ( ) Delete
Name: SNYDER, BEV
Address: 660 NORMANDY N
City-St-Zip: DELRAY BEACH, FL 33484

Title: T ( ) Delete
Name: SKOLNICK, FAY
Address: 665 NORMANDY N
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROTHSCHILD, BEN
Address: KINGS PT. NORMANDY N 633
City-St-Zip: DELRAY BEACH, FL 33484

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BEN ROTHSCHILD PRES 04/30/2009
Electronic Signature of Signing Officer or Director Date