

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90074 028 *****70.00

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1. Entity Name

NORMANDY N ELEVATOR GROUP, INC.



Principal Place of Business

**667 NORMANDY N
DELRAY BEACH FL 33484**

Mailing Address

**667 NORMANDY N
DELRAY BEACH FL 33484**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0756028

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

**LEVINE, CURTIS G
ONE BOCA PLACE
2255 GLADES ROAD, SUITE 324-A
BOCA RATON FL 33431**

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

Curtis G. Levine

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

(NOTE: Registered Agent signature required when reappointing)

1-26-06

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **LAFCHIE, BEN**
STREET ADDRESS **658 NORMANDY N**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **P** ☒ Change ☐ Addition
NAME **BUDDY SKOWNICK**
STREET ADDRESS **668 NORMANDY N**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **VP** ☐ Delete
NAME **MICHAELSON, FRED**
STREET ADDRESS **657 NORMANDY N**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

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

TITLE **S** ☒ Delete
NAME **FLAM, MILDRED**
STREET ADDRESS **662 NORMANDY N**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **S** ☐ Change ☐ Addition
NAME **BEVERLY SNYDER**
STREET ADDRESS **660 NORMANDY N**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **T** ☐ Delete
NAME **WHITE, RAYMOND T**
STREET ADDRESS **667 NORMANDY N**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

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

TITLE **D** ☐ Delete
NAME **STRIMBAN, ANN**
STREET ADDRESS **668 NORMANDY N**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

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

TITLE **D** ☐ Delete
NAME **SIGLE, ARTHUR**
STREET ADDRESS **670 NORMANDY N**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

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 Section 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:

Raymond T. White

2-1-06 561-499-9584