

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746721

**Entity Name:** NORMANDY E ASSOCIATION, INC.

**FILED**  
**Jan 30, 2014**  
**Secretary of State**  
**CC0165854812**

**Current Principal Place of Business:**

C/O WILSON MANAGEMENT  
4723 W ATLANTIC AVE A-19  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

C/O WILSON MANAGEMENT  
4723 W ATLANTIC AVE A-19  
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 A-19  
DELRAB 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

01/30/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KIRCHENBAUM, LENORE  
Address        199 NORMANDY E  
City-State-Zip: DELRAY BEACH FL

Title            T  
Name            GOFF, KELLY  
Address        215 NORMANDY E  
City-State-Zip: DELRAY BEACH FL 33484

Title            SECRETARY  
Name            ROSEN, PHYLLIS  
Address        200 NORMANDY E  
City-State-Zip: DELRAY BEACH FL 33484

Title            VP  
Name            BUCKHANTZ, RICHARD  
Address        202 NORMANDY E  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            LUCIER, DOROTHEA  
Address        198 NORMANDY E  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            TEMKIN, SARAH  
Address        224 NORMANDY E  
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:** KELLY GOFF

**TREASURER**

01/30/2014

Electronic Signature of Signing Officer/Director Detail

Date