

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 719089

Entity Name: NORMANDY HOMEOWNERS ASSOC., INC.

Current Principal Place of Business:

1686 S LAKE AVE
CLEARWATER, FL 33756

Current Mailing Address:

C/O ASSOCIA GULF COAST
9887 4TH ST N STE 301
SAINT PETERSBURG, FL 33702 US

FEI Number: 59-1312114

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST
9887 4TH ST N STE 301
SAINT PETERSBURG, FL 33702 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: MICHAEL FLEMING

06/08/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MAZZA, MARTINA
Address C/O ASSOCIA GULF COAST
 9887 4TH ST N STE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title VP
Name NORDSTROM, DON
Address C/O ASSOCIA GULF COAST
 9887 4TH ST N STE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title VP
Name GRAHAM, MIKE
Address C/O ASSOCIA GULF COAST
 9887 4TH ST N STE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title TREASURER, SECRETARY
Name WIDMANN, LUCILLE
Address C/O ASSOCIA GULF COAST
 9887 4TH ST N STE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title DIRECTOR
Name THOMPSON, JOAN
Address C/O ASSOCIA GULF COAST
 9887 4TH ST N STE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title DIRECTOR
Name DORAN, PATRICIA
Address C/O ASSOCIA GULF COAST
 9887 4TH ST N STE 301
City-State-Zip: SAINT PETERSBURG FL 33702

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: MARTINA MAZZA

PRESIDENT

06/08/2016

Electronic Signature of Signing Officer/Director Detail

Date