

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743695

**Entity Name:** FRENCH NORMANDY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**200 EVERGLADES AVE  
A-2  
PALM BEACH, FL 33480**Current Mailing Address:**3307 NORTHLAKE BLVD  
105  
PALM BEACH GARDENS, FL 33403 US**FEI Number:** 59-1895193**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BUTNER & ASSOCIATES P.A.  
3307 NORTHLAKE BLVD  
105  
PALM BEACH GARDENS, FL 33403 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:** NARDA E BUTNER

02/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SATTERFIELD, ROBERT  
Address        200 EVERGLADES AVE., A-2  
City-State-Zip: PALM BEACH FL 33480

Title            D  
Name            HEARON, DONNA  
Address        200 EVERGLADES AVE., #A-1  
City-State-Zip: PALM BEACH FL 33480

Title            SECRETARY-DIRECTOR  
Name            MINSKY, LYNNE  
Address        222C N. COUNTY RD.  
City-State-Zip: PALM BEACH FL 33480

Title            DIRECTOR  
Name            GULDEN, CHRISTOPHER  
Address        200B EVERGLADE AVE.  
City-State-Zip: PALM BEACH FL 33480

Title            D  
Name            WILESMITH, MARGARET  
Address        222D N. COUNTY RD.  
City-State-Zip: PALM BEACH FL 33480

Title            DIRECTOR  
Name            WHALEN, JEANMARIE  
Address        200 EVERGLADE AVENUE A-3  
City-State-Zip: PALM BEACH FL 33480

Title            TREASURER  
Name            MINSKY, GERALD  
Address        222C NORTH COUNTY RD  
City-State-Zip: PALM BEACH FL 33480

*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:** ROBERT SATTERFIELD

PRESIDENT

02/01/2022

Electronic Signature of Signing Officer/Director Detail

Date