

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

DOCUMENT# 746720

**Entity Name:** NORMANDY D ASSOCIATION, INC.**Current Principal Place of Business:**C/O REALMANAGE  
9050 PINES BOULEVARD SUITE 480  
PEMBROKE PINES, FL 33024**Current Mailing Address:**C/O REALMANAGE  
P O BOX 803555  
DALLAS, TX 75380 US**FEI Number:** 59-2053338**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.  
201 ALHAMBRA CIRCLE  
11TH FLOOR  
CORAL GABLES, FL 33134 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	TREASURER
Name	FINDER, KENNETH
Address	C/O REALMANAGE 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024

Title	PRESIDENT
Name	HERNANDEZ, SANDRA
Address	C/O REALMANAGE 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024

Title	DIRECTOR
Name	ROSEN, FAYE
Address	C/O REALMANAGE 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024

Title	VP
Name	CUEVAS, FRANSISCO
Address	C/O REALMANAGE 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024

Title	SECRETARY
Name	SPERBER, HILLARY
Address	C/O REALMANAGE 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024

*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:** SANDRA HERNANDEZ

PRESIDENT

03/16/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date