

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746767

**FILED**  
**Mar 31, 2015**  
**Secretary of State**  
**CC7131028998**

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

**Current Principal Place of Business:**

FIRST SERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

**Current Mailing Address:**

FIRST SERIVCE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US

**FEI Number:** 59-2004495

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SKRLD,INC.  
1655 PALM BEACH LAKES BLVD.  
C-500  
W. PALM BEACH , FL 33401 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

03/31/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name BAHM, CAROLE  
Address 285 NORMANDY F  
City-State-Zip: DELRAY BCH FL 33484

Title TREASURER  
Name BALBERT, CYNTHIA  
Address 245 NORMANDY F  
City-State-Zip: DELRAY BCH FL 33484

Title D  
Name PALMA, MARIE  
Address 282 NORMANDY F  
City-State-Zip: DELRAY BEACH FL 33484

Title PRESIDENT  
Name LESCHER, EVA  
Address 278 NORMANDY F  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name DROGE, ELEANOR  
Address 244 NORMANDY F  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name BLOOM, KAREN  
Address 247 NORMANDY F  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name JACOBSON, ELLEN  
Address 271 NORMANDY F  
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:** EVA LESCHER

PRES.

03/31/2015

Electronic Signature of Signing Officer/Director Detail

Date