## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 746767** 

Entity Name: NORMANDY F ASSOCIATION, INC.

Mar 10, 2016 Secretary of State CC4038645101

**FILED** 

# **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

03/10/2016

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title	D	Title	PRESIDENT
Name	PALMA, MARIE	Name	LESCHER, EVA
Address	282 NORMANDY F	Address	278 NORMANDY F

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR Title DIRECTOR

NameBLOOM, KARENNameJACOBSON, ELLENAddress247 NORMANDY FAddress271 NORMANDY F

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title SECRETARY Title TREASURER

Name GREENSPAN, PATRICIA Name GOODMAN, MARJORIE

Address 245 NORMANDY F Address 273 NORMANDY F

City-State-Zip: DELRAY BEACH FL 33446 City-State-Zip: DELRAY BEACH FL 33446

Electronic Signature of Signing Officer/Director Detail

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.