

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

DOCUMENT# 746767

**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 SERVICE 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
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	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

Title	SECRETARY
Name	GREENSPAN, PATRICIA
Address	245 NORMANDY F
City-State-Zip:	DELRAY BEACH FL 33446

Title	TREASURER
Name	GOODMAN, MARJORIE
Address	273 NORMANDY F
City-State-Zip:	DELRAY BEACH FL 33446

*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

PRESIDENT

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date