

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746861

**Entity Name:** NORMANDY O ASSOCIATION, INC.**Current Principal Place of Business:**THE CONTINENTAL GROUP  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487**Current Mailing Address:**THE CONTINENTAL GROUP  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487**FEI Number:** 59-1991174**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:** LAURA M MANNING-HUDSON

04/08/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	KAPLAN, EVELYN
Address	708 NORMANDY O
City-State-Zip:	DELRAY BEACH FL 33484

Title	SEC
Name	CEDER, ELEANOR
Address	674 NORMANDY O
City-State-Zip:	DELRAY BEACH FL 33484

Title	TREA
Name	LAINO, DEBBIE
Address	675 NORMANDY O
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	HARRIS, DWIGHT
Address	686 NORMANDY O
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	HURWITZ, MARGE
Address	713 NORMANDY O
City-State-Zip:	DELRAY BEACH FL 33484

Title	VP
Name	KAPLAN, IRA
Address	685 NORMANDY O
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	ROSARIO, CHARLES
Address	716 NORMANDY O
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:** EVELYN KAPLAN

PRES.

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date