

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746861

Entity Name: NORMANDY O 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:** 59-1991174**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 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.

03/31/2015

Electronic Signature of Signing Officer/Director Detail

Date