# 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.

PRES.

#### SIGNATURE: CLAIRE KOSLOFF

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# 746960

Entity Name: NORMANDY P 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 US

## FEI Number: 59-1998803

# 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.

		0	0 / /		
SIGNATURE	: LAURA M MANNING-HUDSON			04/08/2014	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRES	Title	VP		
Name	KOSLOFF, CLAIRE	Name	ROSE, AL		
Address	738 NORMANDY P	Address	723 NORMANDY P		
City-State-Zip:	DELRAY BEACH FL 33484	City-State-Zip:	DELRAY BEACH FL 33484		
Title	SEC	Title	TREASURER		
Name	BUCKLER, JAMES	Name	TABAKMAN, JERRY		
Address	761NORMANDY P	Address	744 NORMANDY P		
City-State-Zip:	DELRAY BEACH FL 33484	City-State-Zip:	DELRAY BEACH FL 33484		

Certificate of Status Desired: No

04/08/2014

FILED			
Apr 08, 2014			
<b>Secretary of State</b>			
CC4442828468			

Date