

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746963

Entity Name: NORMANDY S ASSOCIATION, INC.**Current Principal Place of Business:**C/O THE CONTINENTAL GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**Current Mailing Address:**C/O THE CONTINENTAL GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**FEI Number:** 59-1951431**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIRCLE
#1102
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	SINGER, HORTENSE
Address	881 NORMANDY S
City-State-Zip:	DELRAY BEACH FL 33484

Title	VP
Name	LERNER, JUDITH
Address	909 NORMANDY S
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	BELLO, PHYLLIS
Address	878 NORMANDY S
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	BRIDGES, LINDA
Address	874 NORMANDY S
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	ANSILL, MELVIN
Address	871 NORMANDY S
City-State-Zip:	DELRAY BEACH FL 33484

Title	SECRETARY
Name	BRIDGES, LINDA
Address	874 NORMANDY S
City-State-Zip:	DELRAY BEACH FL 33484

Title	TREASURER
Name	SMITH, CAROLEE
Address	873 NORMANDY S
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: HORTENSE SINGER

PRES.

04/08/2014

Electronic Signature of Signing Officer/Director Detail_____
Date