

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746963

**Entity Name:** NORMANDY S 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:** 59-1951431

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAGILL, LISA A ESQ.  
1200 PARK CENTRAL BOULEVARD SOUT  
POMPANO BEACH, FL 33064 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:** LISA A MAGILL

04/16/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRIDGES, LINDA  
Address        FIRST SERVICE RESIDENTIAL  
                  6300 PARK OF COMMERCE BLVD  
City-State-Zip: BOCA RATON FL 33487

Title            VP  
Name            SMITH, CAROLEE  
Address        FIRST SERVICE RESIDENTIAL  
                  6300 PARK OF COMMERCE BLVD  
City-State-Zip: BOCA RATON FL 33487

Title            SECRETARY  
Name            ANGLIN, VESSELIN  
Address        FIRST SERVICE RESIDENTIAL  
                  6300 PARK OF COMMERCE BLVD  
City-State-Zip: BOCA RATON FL 33487

Title            TREASURER  
Name            LERNER, JUDITH  
Address        FIRST SERVICE RESIDENTIAL  
                  6300 PARK OF COMMERCE BLVD  
City-State-Zip: BOCA RATON FL 33487

Title            DIRECTOR  
Name            STANGER, HARVEY  
Address        FIRST SERVICE RESIDENTIAL  
                  6300 PARK OF COMMERCE BLVD  
City-State-Zip: BOCA RATON FL 33487

*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:** LINDA BRIDGES

PRESIDENT

04/16/2021

Electronic Signature of Signing Officer/Director Detail

Date