

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746963

**FILED**  
**Mar 31, 2015**  
**Secretary of State**  
**CC5593951689**

**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:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

Title           VP  
Name           SMITH, CAROLEE  
Address        873 NORMANDY S  
City-State-Zip: DELRAY BEACH FL 33484

Title           DIRECTOR  
Name           AUGLIN, WES  
Address        889 NORMANDY S  
City-State-Zip: DELRAY BEACH FL 33484

Title           DIRECTOR  
Name           SMITH, ROBERT  
Address        873 NORMANDY S  
City-State-Zip: DELRAY BEACH FL 33484

Title           DIRECTOR  
Name           PICOW, BOB  
Address        897 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:** LINDA BRIDGES

**PRES.**

**03/31/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date