

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746964

Entity Name: NORMANDY T 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:** 59-1949883**Certificate of Status Desired:** No**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.***SIGNATURE:** LAURA M MANNING-HUDSON

04/08/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ROSS, SELMA
Address 955 NORMANDY T
City-State-Zip: DELRAY BEACH FL 33484

Title S/T
Name WALLOS, ARLEEN
Address 920 NORMANDY T
City-State-Zip: DELRAY BEACH FL 33484

Title D
Name BROTMAN, S
Address 959 NORMANDY T
City-State-Zip: DELRAY BEACH FL 33484

Title D
Name ROSS, MORTON
Address 955 NORMANDY T
City-State-Zip: DELRAY BEACH FL 33484

Title VP
Name MARQUILIES, RENEE
Address 935 NORMANDY T
City-State-Zip: DELRAY BEACH FL 33484

Title D
Name POPICK, EDWARD
Address 950 NORMANDY T
City-State-Zip: DELRAY BEACH FL 33484

Title D.
Name RESNICK, HANK
Address 948 NORMANDY T
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: SELMA ROSS

PRES.

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date