

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746964

Entity Name: NORMANDY T 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:** 59-1949883**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:** LAURA M MANNING-HUDSON

03/11/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title DIRECTOR
Name CUOCO, ABBE
Address 914 NORMANDY T
City-State-Zip: DELRAY BEACH FL 33484

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

Title VICE PRESIDENT
Name MARGULIES, RENEE
Address 935 NORMANDY T
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
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

PRESIDENT

03/11/2016

Electronic Signature of Signing Officer/Director Detail

Date