

2017 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

02/02/2017

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	SECRETARY/TREASURER
Name	WALLOS, ARLEEN
Address	920 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	VICE PRESIDENT
Name	MARGULIES, RENEE
Address	935 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	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

02/02/2017

Electronic Signature of Signing Officer/Director Detail

Date