

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719089

Entity Name: NORMANDY HOMEOWNERS ASSOC., INC.**Current Principal Place of Business:**1686 S LAKE AVE
CLEARWATER, FL 33756**Current Mailing Address:**1686 S LAKE AVE
CLEARWATER, FL 33756**FEI Number:** 59-1312114**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAOLINI, ROBERT
1686 LAKE AVE
CLEARWATER, FL 33756 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:** ROBERT PAOLINI

01/19/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name PAOLINI, ROBERT
Address 1686 S LAKE AVE
City-State-Zip: CLEARWATER FL 33756

Title PRESIDENT
Name THOMPSON, JOAN
Address 1686 S LAKE AVE
City-State-Zip: CLEARWATER FL 33756

Title SECRETARY
Name MCGURGAN, ELLEN
Address 1686 S LAKE AVE
City-State-Zip: CLEARWATER FL 33756

Title VP
Name WIDMAN, LUCI
Address 1686 S LAKE AVE
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name WALTERS, LEE
Address 1686 S LAKE AVE
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name MAZZA, MARTINA
Address 1686 S LAKE AVE
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name GRAHAM, MIKE
Address 1686 S LAKE AVE
City-State-Zip: CLEARWATER FL 33756

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: ROBERT PAOLINI

TREASURER

01/19/2015

Electronic Signature of Signing Officer/Director Detail

Date