

2013 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:**MAZZA, MARTINA
1636-1 S. 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title VICE PRESIDENT/TREASURER
Name MAZZA, MARTINA
Address 1686 S LAKE AVE
City-State-Zip: CLEARWATER FL 33756

Title VP
Name PATTERSON, WALTER VP
Address 1642-4 S. LAKE AVE
City-State-Zip: CLEARWATER FL 33756

Title VICE PRESIDENT
Name CARO, STEVEN
Address 1686 S LAKE AVE
City-State-Zip: CLEARWATER FL 33756

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

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

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

Title VICE PRESIDENT
Name VOZZELLA, TED
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: MARTINA MAZZA**TREASURER****04/06/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date