

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719089

Entity Name: NORMANDY HOMEOWNERS ASSOC., INC.**Current Principal Place of Business:**5901 US HIGHWAY 19
SUITE 7Q
NEW PORT RICHEY , FL 34652**Current Mailing Address:**5901 US HIGHWAY 19
SUITE 7Q
NEW PORT RICHEY , FL 34652 US**FEI Number: 59-1312114****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**QUALIFIED PROPERTY MANAGEMENT
5901 US HIGHWAY 19
SUITE 7Q
NEW PORT RICHEY , FL 34652 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:** MARY BURNARD

01/20/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MARTIN, RALPH
Address	5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP
Name	COLES, RON
Address	5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TREASURER
Name	DEACU, NIDIA
Address	5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SECRETARY
Name	HARDACRE, SHERRY
Address	5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	PRETZMAN, MARGIE
Address	5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	GULYAEVA, OLGA
Address	5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

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: RALPH MARTIN

PRESIDENT

01/20/2025

Electronic Signature of Signing Officer/Director Detail

Date