

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746770

Entity Name: NORMANDY I ASSOCIATION, INC.**Current Principal Place of Business:**THE CONTINENTAL GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**Current Mailing Address:**THE CONTINENTAL GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**FEI Number:** 59-1981747**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIRCLE 11TH FLOOR
CORAL GABLES, FL 33134 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

04/08/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	WILSON, CHARLES
Address	389 NORMANDY I
City-State-Zip:	DELRAY BEACH FL 33484

Title	T
Name	HORNSTEIN, ADRIENNE
Address	427 NORMANDY I
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	FREIMAN, JOE
Address	408 NORMANDY I
City-State-Zip:	DELRAY BEACH FL 33484

Title	SEC
Name	ADLER, REGINA
Address	422 NORMANDY I
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	COHEN, SALLY
Address	395 NORMANDY I
City-State-Zip:	DELRAY BEACH FL 33484

Title	P
Name	SILBER, CAROL
Address	431 NORMANDY I
City-State-Zip:	DELRAY BEACH FL 33484

Title	D.
Name	LESSIN, NANCY
Address	388 NORMANDY I
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: CAROL SILBER

PRES

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date