## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 743713** 

Entity Name: NORMANDY A ASSOCIATION, INC.

FILED
Jan 04, 2023
Secretary of State
9546044764CC

## **Current Principal Place of Business:**

C/O WILSON LANDSCAPING &MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270 DELRAY BEACH, FL 33445

## **Current Mailing Address:**

C/O WILSON LANDSCAPING & MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270 DELRAY BEACH, FL 33445 US

FEI Number: 59-1892549 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WILSON, DANNY L C/O WILSON LANDSCAPING & MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270 DELRAY BEACH, FL 33445 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

MANAGEMENT CORP

DELRAY BEACH FL 33445

Officer/Director Detail:

Title SECRETARY Title VICE-PRESIDENT

Name KRAFT, LINDA Name RODOWITZ, TOM

Address C/O WILSON LANDSCAPING & Address C/O WILSON LANDSCAPING &

MANAGEMENT CORP

1300 NW 17TH AVE SUITE 270 1300 NW 17TH AVE SUITE 270

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

Title PRESIDENT Title DIRECTOR

Name FISHMAN, GEOFFREY Name MORSE, HEIDI

Address C/O WILSON LANDSCAPING & Address C/O WILSON LANDSCAPING &

MANAGEMENT CORP

1300 NW 17TH AVE SUITE 270

MANAGEMENT CORP

1300 NW 17TH AVE SUITE 270

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

 Title
 TREASURER
 Title
 DIRECTOR

 Name
 BRENNAN, FRAN
 Name
 GLICK, STEVE

Address C/O WILSON LANDSCAPING & Address C/O WILSON LANDSCAPING &

MANAGEMENT CORP MANAGEMENT CORP

1300 NW 17TH AVE SUITE 270 1300 NW 17TH AVE SUITE 270

City-State-Zip:

Title DIRECTOR

City-State-Zip:

Name GARY, CATHLEEN

Address C/O WILSON LANDSCAPING &

MANAGEMENT CORP

DELRAY BEACH FL 33445

1300 NW 17TH AVE SUITE 270

City-State-Zip: DELRAY BEACH FL 33445

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: GEOFFREY FISHMAN PRESIDENT 01/04/2023