

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746721

**Entity Name:** NORMANDY E ASSOCIATION, INC.**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:** 59-2015076**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

WILSON, DANNY  
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:** LAURA M MANNING- HUDSON

02/20/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name ROSEN, PHYLLIS  
Address C/O WILSON LANDSCAPING & MANAGEMENT CORP.  
1300 NW 17TH AVE. SUITE 270  
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR  
Name BOGEN, GLORIA  
Address C/O WILSON LANDSCAPING & MANAGEMENT CORP.  
1300 NW 17TH AVE. SUITE 270  
City-State-Zip: DELRAY BEACH FL 33445

Title PRESIDENT  
Name SIEGMAN, BRUCE  
Address C/O WILSON LANDSCAPING & MANAGEMENT CORP.  
1300 NW 17TH AVE. SUITE 270  
City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER  
Name GOODMAN, CAROL  
Address C/O WILSON LANDSCAPING & MANAGEMENT CORP.  
1300 NW 17TH AVE. SUITE 270  
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR  
Name KIRSCHENBAUM, LENORE  
Address C/O WILSON LANDSCAPING & MANAGEMENT CORP.  
1300 NW 17TH AVE. SUITE 270  
City-State-Zip: DELRAY BEACH FL 33445

Title VICE-PRESIDENT  
Name WINEMAN, SAMUEL  
Address C/O WILSON LANDSCAPING & MANAGEMENT CORP.  
1300 NW 17TH AVE. SUITE 270  
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR  
Name CHAVEZ-LORENZONI, YVONNE  
Address C/O WILSON LANDSCAPING & MANAGEMENT CORP.  
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:** PHYLLIS ROSEN

SECRETARY

02/20/2018

