by 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 a

2017 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

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	E LAURA M MANNING- HUDSON			01/24/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	TREASURER	Title	DIRECTOR	
Name	ROSEN, PHYLLIS	Name	TEMKIN, SARAH	
Address	C/O WILSON LANDSCAPING & MANAGEMENT CORP. 1300 NW 17TH AVE. SUITE 270	Address	C/O WILSON LANDSCAPING 8 MANAGEMENT CORP. 1300 NW 17TH AVE. SUITE 27(
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445	
Title	SECRETARY	Title	PRESIDENT	
Name	BOGEN, GLORIA	Name	GOMEZ, LEONARDO	
Address	C/O WILSON LANDSCAPING & MANAGEMENT CORP. 1300 NW 17TH AVE. SUITE 270	Address	C/O WILSON LANDSCAPING 8 MANAGEMENT CORP. 1300 NW 17TH AVE. SUITE 270	
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445	
Title	VICE-PRESIDENT	Title	SECRETARY	
Name	SIEGMAN, BRUCE	Name	GOODMAN, CAROL	
Address	C/O WILSON LANDSCAPING & MANAGEMENT CORP. 1300 NW 17TH AVE. SUITE 270	Address	C/O WILSON LANDSCAPING 8 MANAGEMENT CORP. 1300 NW 17TH AVE. SUITE 270	
City-State-Zip:	DELRAY BEACH FL 33445	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			

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: LEONARDO GOMEZ

PRESIDENT

FILED Jan 24, 2017 Secretary of State CC0175395953

Certificate of Status Desired: No