2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746721

Entity Name: NORMANDY E ASSOCIATION, INC.

FILED Mar 11, 2020 Secretary of State 3695131922CC

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 03/11/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title SECRETARY Title DIRECTOR

Name ROSEN, PHYLLIS Name BOGEN, GLORIA

C/O WILSON LANDSCAPING & Address C/O WILSON LANDSCAPING & Address MANAGEMENT CORP. MANAGEMENT CORP.

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

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

Title **PRESIDENT** Title **TREASURER**

SIEGMAN, BRUCE GOODMAN, CAROL Name Name

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

MANAGEMENT CORP. MANAGEMENT CORP. 1300 NW 17TH AVE. SUITE 270 1300 NW 17TH AVE. SUITE 270

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

Title **DIRECTOR** Title VICE-PRESIDENT

Name KIRSCHENBAUM, LENORE Name WINEMAN, SAMUEL

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

MANAGEMENT CORP. MANAGEMENT CORP.

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

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

Title **DIRECTOR**

Address

Name CHAVEZ-LORENZONI, YVONNE

MANAGEMENT CORP.

C/O WILSON LANDSCAPING & 1300 NW 17TH AVE. SUITE 270

DELRAY BEACH FL 33445 City-State-Zip:

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.

03/11/2020 SIGNATURE: BRUCE SIEGMAN PRESIDENT