2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2019
Secretary of State
9713429953CC

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 01/30/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY	Title	DIRECTOR
Name	ROSEN, PHYLLIS	Name	BOGEN, GLORIA
Address	C/O WILSON LANDSCAPING & MANAGEMENT CORP. 1300 NW 17TH AVE. SUITE 270	Address	C/O WILSON LANDSCAPING & MANAGEMENT CORP. 1300 NW 17TH AVE. SUITE 270
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445
Title	PRESIDENT	Title	TREASURER
Name	SIEGMAN, BRUCE	Name	GOODMAN, CAROL
Address	C/O WILSON LANDSCAPING & MANAGEMENT CORP. 1300 NW 17TH AVE. SUITE 270	Address	C/O WILSON LANDSCAPING & MANAGEMENT CORP. 1300 NW 17TH AVE. SUITE 270
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445
Title	DIRECTOR	Title	VICE-PRESIDENT
Name	KIRSCHENBAUM, LENORE	Name	WINEMAN, SAMUEL
Address	C/O WILSON LANDSCAPING & MANAGEMENT CORP. 1300 NW 17TH AVE. SUITE 270	Address	C/O WILSON LANDSCAPING & 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	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: BRUCE SIEGMAN PRESIDENT 01/30/2019

Electronic Signature of Signing Officer/Director Detail Date