2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746769

Entity Name: NORMANDY H ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-1991175 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAYE BENDER REMBAUM PL 1200 PARK CENTRAL BLVD SOUTH POMPANO BEACH, FL 33064 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: KAY BENDER REMBAUM PL 01/19/2024

Electronic Signature of Registered Agent

Date

FILED Jan 19, 2024

Secretary of State

4438433216CC

Officer/Director Detail:

Title **TREASURER** Title SECRETARY

Name GOLDSTEIN, SAM Name MILLER, RACHAEL

Address C/O WILSON MANAGEMENT Address C/O WILSON MANAGEMENT

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 VICE-PRESIDENT

HOROWITZ, SHEPARD GRASMAN, LORI Name Name C/O WILSON MANAGEMENT C/O WILSON MANAGEMENT

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

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

Address

Title DIRECTOR Title DIRECTOR

Name MANDEL, BARRY Name GLUCK, MARIANNA

C/O WILSON MANAGEMENT C/O WILSON MANAGEMENT Address Address

> 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 **DIRECTOR**

City-State-Zip:

Name GELMAN, EMILY

Address C/O WILSON MANAGEMENT

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.

01/19/2024 SIGNATURE: SHEPARD HOROWITZ PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date