

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 746769

**Entity Name:** NORMANDY H ASSOCIATION, INC.

**Current Principal Place of Business:**

SEACREST SERVICES INC  
2101 CENTREPARK WEST DR. SUITE 110  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

SEACREST SERVICES INC  
2101 CENTREPARK WEST DR. SUITE 110  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-1991175

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL, PA  
201 ALHAMBRA CIRCLE  
ELEVENTH FLOOR  
CORAL GABLES, FL 33134 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 MANNING

06/18/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name GOLDSTEIN, SAM  
Address 370 NORMANDY H  
City-State-Zip: DELRAY BEACH FL 33484

Title TREASURER  
Name MILLER, RACHAEL  
Address 361 NORMANDY H  
City-State-Zip: DELRAY BEACH FL 33484

Title PRESIDENT  
Name HOROWITZ, SHEPARD  
Address 374 NORMANDY H  
City-State-Zip: DELRAY BEACH FL 33484

Title SEC  
Name GELMAN, EMILIA  
Address 373 NORMANDY H  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name GRASMAN, LORI  
Address 380 NORMANDY H  
City-State-Zip: DELRAY BEACH FL 33484

*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:** SHEPARD HOROWITZ

PRESIDENT

06/18/2019

Electronic Signature of Signing Officer/Director Detail

Date