#### Electronic Signature of Signing Officer/Director Detail

09/03/2020

WILSON, DANNY C/O WILSON LANDSCAPING AND MANAGEMENT CORP

C/O WILSON LANDSCAPING AND 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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

City-State-Zip: DELRAY BEACH FL 33445

above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE KRANZ

Title	VICE-PRESIDENT, TREASURER	Title	PRESIDENT
Name	RAICH, MARIE JOSE	Name	KRANZ, LESLIE
Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270	Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270
City-State-Zip	: DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445
Title	SECRETARY	Title	DIRECTOR
Name	SMITH, CAROL	Name	GOLDIN, SOPHIA
Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270	Address	C/O WILSON LANDSCAPING AND 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	RIANO, DONNA		
Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270		

# 2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 746858

Entity Name: NORMANDY J ASSOCIATION, INC.

#### **Current Principal Place of Business:**

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

## **Current Mailing Address:**

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

#### FEI Number: 59-1953437

### Name and Address of Current Registered Agent:

PRESIDENT

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

## FILED Sep 03, 2020 Secretary of State 5692010977CC

Certificate of Status Desired: No

Date