

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746962

Entity Name: NORMANDY R 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: 59-1965627**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

WILSON, DANNY
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_____
Date**Officer/Director Detail :**

Title CO-PRESIDENT
Name ABRAMOWITZ, BARBARA
Address C/O WILSON LANDSCAPING AND
MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY
Name OPPENHEIMER, ILENE
Address C/O WILSON LANDSCAPING AND
MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name GALINDO, PAULA
Address C/O WILSON LANDSCAPING AND
MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title CO-PRESIDENT
Name KLEPNER, ELLIOTT
Address C/O WILSON LANDSCAPING AND
MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER
Name SAVITZ, GAYLE
Address C/O WILSON LANDSCAPING AND
MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title VICE-PRESIDENT
Name FLANAGAN, WILLIAM
Address C/O WILSON LANDSCAPING AND
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: BARBARA ABRAMOWITZ**PRESIDENT****01/22/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date