## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004504

Entity Name: NORMANDY PALMS CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 08, 2024
Secretary of State
2165043001CC

# **Current Principal Place of Business:**

6941 BAY DRIVE

MIAMI BEACH, FL 33141

## **Current Mailing Address:**

SOBE MANAGEMENT 333 W 41ST STREET SUIRE 614 MIAMI BEACH, FL 33140 US

FEI Number: 65-0696474 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SOBE MANAGEMENT C/O PHILIPPE LAMERY, C/O AGATA GOGOLEWSKA SOBE MANAGEMENT 333 W 41ST STREET SUIRE 614 MIAMI BEACH, FL 33140 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: AGATA GOGOLEWSKA 03/08/2024

**Electronic Signature of Registered Agent** 

Date

## Officer/Director Detail:

TitleSECRETARYTitleTREASURERNameMEJIA, AMPARONameRIGNACK, MARIAAddress333 W 41ST STREETAddress333 W 41ST STREET

614

614

City-State-Zip: MIAMI BEACH FL 33140 City-State-Zip: MIAMI BEACH FL 33140

Title VP Title PRESIDENT

NameCORTES, ESMERALDANameGALEA, SALVATOREAddress333 W 41ST STREETAddress333 W 41ST STREET

614

614

City-State-Zip: MIAMI BEACH FL 33140 City-State-Zip: MIAMI BEACH FL 33140

Title MANAGER

Name SOBE MANAGEMENT C/O PHILIPPE

LAMERY C/O AGATA GOGOLEWSKA

Address SOBE MANAGEMENT

333 W 41ST STREET SUIRE 614

City-State-Zip: MIAMI BEACH FL 33140

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: AGATA GOGOLEWSKA

**MANAGER** 

03/08/2024