

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746769

Entity Name: NORMANDY H ASSOCIATION, INC.

FILED
Jan 19, 2024
Secretary of State
4438433216CC

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

Officer/Director Detail :

Title TREASURER
Name GOLDSTEIN, SAM
Address C/O WILSON MANAGEMENT
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY
Name MILLER, RACHAEL
Address C/O WILSON MANAGEMENT
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title PRESIDENT
Name HOROWITZ, SHEPARD
Address C/O WILSON MANAGEMENT
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title VICE-PRESIDENT
Name GRASMAN, LORI
Address C/O WILSON MANAGEMENT
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name MANDEL, BARRY
Address C/O WILSON MANAGEMENT
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name GLUCK, MARIANNA
Address C/O WILSON MANAGEMENT
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name GELMAN, EMILY
Address C/O WILSON MANAGEMENT
 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: SHEPARD HOROWITZ

PRESIDENT

01/19/2024

Electronic Signature of Signing Officer/Director Detail

Date