

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745993

Entity Name: NORMANDY K ASSOCIATION, INC.

FILED
Jan 24, 2025
Secretary of State
5880967885CC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-1940061

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLAZER & SACHS ASSOCIATES
3113 STIRLING RD
SUITE 201
FOR LAUDERDALE, FL 33312 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: ERIC GLAZER

01/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

Title DIRECTOR
Name YTKIN, NEIL
Address C/O WILSON LANDSCAPING AND
MANAGEMENT CORP
1300 NW 17TH AVE STE 270 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-
SIGNATURE: SUSAN DUBOW SECRETARY 01/24/2025
Signature of the President, Director, or the receiver or trustee empowered to execute this report as required by Chapter 1, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Date