

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746965

**FILED**  
**Jan 24, 2025**  
**Secretary of State**  
**1135110848CC**

**Entity Name:** NORMANDY U ASSOCIATION, INC.

**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:** 59-1965625

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KAYE BENDER REMBAUM PL  
1200 PARK CENTRAL BLVD S  
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:** MICHAEL BENDER

01/24/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title DIRECTOR  
Name CORRIERI, CHARLES  
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:** JEFFREY HEICHMAN

VICE-PRESIDENT

01/24/2025

Electronic Signature of Signing Officer/Director Detail

Date