


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90041 003 \*\*\*\*61.25

**DOCUMENT # 746858**  
1. Entity Name  
**NORMANDY J ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
1315 NE 8TH STREET BOYNTON BEACH FL 33426 US  
1315 NE 8TH STREET BOYNTON BEACH FL 33426 US

**54027698**



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address  
**1315 NW 8TH STREET** **1315 NW 8TH STREET**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**BOYNTON BEACH FL** **BOYNTON BEACH FL**

4. FEI Number 59-1953437 Applied For Not Applicable

Zip Country Zip Country  
**33426 US** **33426 US**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WILSON, DANNY**  
**1315 NE 8TH STREET**  
**BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	COHEN, LESTER	
STREET ADDRESS	460 NORMANDY J	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	KALTER, AL	
STREET ADDRESS	461 NORMANDY J	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	PP	<input type="checkbox"/> Delete
NAME	KRIZMAN, MILTON	
STREET ADDRESS	445 NORMANDY J	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, JERALD	
STREET ADDRESS	457 NORMANDY J	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAUFER, SHIRLEY	
STREET ADDRESS	438 NORMANDY J	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEINER, SHIRLEY	
STREET ADDRESS	439 NORMANDY J	
CITY-ST-ZIP	DELRAY BEACH FL 33484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward M. Krizman* **EDWARD M. KRIZMAN** **04-29-04** **561-498-3532**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #