


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90025 049 ****61.25

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



Principal Place of Business
 1315 NW 8TH STREET
 BOYNTON BEACH FL 33426
 US

Mailing Address
 1315 NW 8TH STREET
 BOYNTON BEACH FL 33426
 US

40010600



1st MOORE CR2E037 (10/04)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number 59-1953437
 Applied For
 Not Applicable

Zip Country **Zip** Country

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

FILE NOW: FEE IS \$61.25
Due: By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PP	NAME Cohen, Lester	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 460 Normandy J	CITY-ST-ZIP Delray Beach, FL 33484	
TITLE D	NAME Milton Krizman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 445 Normandy J	CITY-ST-ZIP Delray Beach, FL 33484	
TITLE S	NAME KRILEWITZ, ZEID	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 466 Normandy J	CITY-ST-ZIP DELRAY Bch. FL 33484	
TITLE VP	NAME Shirley LAUFER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 438 Normandy J	CITY-ST-ZIP Delray Beach FL 33484	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Shirley Weiner* **SHIRLEY WEINER** 2-2-05 *(561) 499-3899*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #