

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746858

FILED
Feb 01, 2011
Secretary of State

Entity Name: NORMANDY J ASSOCIATION, INC.

Current Principal Place of Business:

4723 W ATLANTIC AVE STE A-19
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4723 W ATLANTIC AVE STE A-19
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 59-1953437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, DANNY
4723 W ATLANTIC AVE STE A-19
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: COHEN, LESTER
Address: 460 NORMANDY J
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP
Name: LAUFER, SHIRLEY
Address: 438 NORMANDY J
City-St-Zip: DELRAY BEACH, FL 33484

Title: T
Name: GAIT, HILARY
Address: 447 NORMANDY J
City-St-Zip: DELRAY BEACH, FL 33484

Title: D
Name: KALTER, CLARENCE
Address: 461 NORMANDY J
City-St-Zip: DELRAY BEACH, FL 33484

Title: D
Name: RUBINSKY, HERBERT
Address: 449 NORMANDY J
City-St-Zip: DELRAY BEACH, FL 33484

Title: D
Name: EISENBERG, ALBERT
Address: 473 NORMANDY J
City-St-Zip: DELRAY BEACH, FL 33484

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: LESTER COHEN

P

02/01/2011

Electronic Signature of Signing Officer or Director

Date