

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746858

FILED  
Apr 16, 2012  
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: LAUFER, SHIRLEY  
Address: 438 NORMANDY J  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D  
Name: COHEN, LESTER  
Address: 460 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: S  
Name: KRULEWITZ, ZELDE  
Address: 466 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: SHIRLEY LAUFER

P

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date