

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746858

Entity Name: NORMANDY J ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-1953437

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER
Name COHEN, LESTER
Address 4723 W ATLANTIC AVE STE A-19
City-State-Zip: DELRAY BEACH FL 33445

Title VP/SEC
Name KRULEWITZ, ZELDE
Address 4723 W ATLANTIC AVE STE A-19
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name EISENBERG, ALBERT
Address 4723 W ATLANTIC AVE STE A-19
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name KAPLAN, BEVERLY
Address 4723 W ATLANTIC AVE STE A-19
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name SKLAR, SYDELL
Address 4723 W ATLANTIC AVE STE A-19
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: LESTER COHEN

PRESIDENT

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date