

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746858

**FILED**  
**Jan 17, 2013**  
**Secretary of State**  
**CC1456118679**

**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 A19  
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 A19  
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 P  
Name LAUFER, SHIRLEY  
Address 438 NORMANDY J  
City-State-Zip: DELRAY BEACH FL 33484

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

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

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

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

Title S  
Name KRULEWITZ, ZELDE  
Address 466 NORMANDY J  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name EISENBERG, ALBERT  
Address 473 NORMANDY J  
City-State-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

**PRESIDENT**

**01/17/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date