


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2006 8:00 am**  
**Secretary of State**

08-30-2006 90003 002 \*\*\*\*61.25

**DOCUMENT # 746718**  
 1. Entity Name  
**NORMANDY B ASSOCIATION, INC.**



Principal Place of Business  
**PRIME MANAGEMENT GROUP, INC.**  
**6300 PRK OF COMMERCE BLVD**  
**BOCA RATON, FL 33487 US**

Mailing Address  
**PRIME MANAGEMENT GROUP, INC.**  
**6300 PARK OF COMMERCE BLVD**  
**BOCA RATON, FL 33487 US**

**20053999**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07272006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number  
**59-2053339**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**BERNSTEIN, ARNIE**  
**6300 PK OF COMMERCE BLVD**  
**BOCA RATON, FL 33487**

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

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  Delete  
 NAME **P REMELS, JUDY**  
 STREET ADDRESS **76 NORMANDY B**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE  Change  Addition

TITLE  Delete  
 NAME **D GRINDALL, MARGARET**  
 STREET ADDRESS **86 NORMANDY B**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE  Change  Addition

TITLE  Delete  
 NAME **SD BLUMBERG, GLORIA**  
 STREET ADDRESS **50 NORMANDY B**  
 CITY-ST-ZIP **DELRAY BEACH, FL**

TITLE  Change  Addition

TITLE  Delete  
 NAME **T REMELS, MARVIN**  
 STREET ADDRESS **NORMANDY B 76**  
 CITY-ST-ZIP **DELRAY BEACH, FL**

TITLE  Change  Addition

TITLE  Delete  
 NAME **VP BLUMBERG, BILL**  
 STREET ADDRESS **50 NORMANDY B**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE  Change  Addition

TITLE  Delete  
 NAME **DD GOLDSTEIN, LILLIE**  
 STREET ADDRESS **422 MONGLOTT**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE  Change  Addition  
 NAME **64 NORMANDY B**  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_