

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

0042217

05-16-2003 90173 040 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2053339**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWATT, MYRON
6300 PK OF COMMERCE BLVD
BOCA RATON FL 33487**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	RAJA, KENICA	
STREET ADDRESS	67 NORMANDY B	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REMELS, JUDY	
STREET ADDRESS	76 NORMANDY B	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLUMBERG, GLORIA	
STREET ADDRESS	50 NORMANDY B	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	REMELS, MARVIN	
STREET ADDRESS	NORMANDY B 76	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DD	<input type="checkbox"/> Delete
NAME	BLASKO, SANDY	
STREET ADDRESS	90 NORMANDY B	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	KEMPER, JOSEPHINE	
STREET ADDRESS	51 NORMANDY B	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy Remels	
STREET ADDRESS	76 Normandy B	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandy Blasko	
STREET ADDRESS	90 Normandy B	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Blumberg	
STREET ADDRESS	50 Normandy B	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willie Goldstein	
STREET ADDRESS	422 Monaco I	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

CR2E037 (10/02)