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

FILED May 02, 2002 8:00 am Secretary of State

DOCUMENT # 740770 1. Entity Name NORMANDY I CONDOMINION ASSOCIATION, Inc.					Secretary of State		
1. Entity Name	ne / / / /				05-02-2002 9011:	5 027 ****61.25	
No	ORMANDY I CON	DOMINIUM AS	SOCIA TION	Inc			
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		Contractory of Cappenda.					
	2. Principal Place of Business PRIME MGMT GROVE INC PLANT BROWN THE Suite April # etc.						
Suite, Apt. #		GROUP In	ue				
Suite, Apr. #, etc. 6300 PARK of COMMERCE BLVD 6300 PARK of C			ommence B	7 KV	DO NOT WRITE IN THIS SPACE		
City & State	· .	City & State	OM: (Green	4. FE	Number	Applied For	
Boca R	Country	BOCA RATON	FL		19-1972478	Not Applicable	
_ <i>3</i> 3487	USA	^{Zip} 33487	Country USA	5 . Ce	rtificate of Status Desired	\$8.75 Additional	
-	en grande de la companya de la comp		<u></u>	7. Nam	e and Address of Current Regi	Fee Required	
		Particular of the Control of the Con	Name	b -	P	م ليحد من المامية الم	
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	IN THIS SPA	CE.	6300	PARM of	COMMERCE BOUL	EVARO	
1		IUE					
			Boo	A RATOR	vi	FL Zip Code 33 487	
8. The aboye na	named entity submits this statement for the	purpose of changing its r	egistered office or	registered agent	or both in the state of Florida	133487	
	an 1			3 .3	a service state of Florida.	_	
SIGNATURE /	//////// X 📈					u landan	
/—	ignative types is inted name of egyptot agent and tit	de if applicable: (NOTE:	Registered Agent signatu	re required when reinst	ating) · · ·	177111	
	The second second					<u> </u>	
	FEE IS \$61.25	9. Election Camp	paign Financing	\$5.00	May Bo Make C	heck Payable to	
\ lr	nitial or Amended UBR	Trust Fund Co		Added to		tment of State	
10.	OFFICERS AND DIRECT	ORS .		12.00 CO 10.000 USUNDONONO.			
TITLE F	Po	<u>ONO</u>	TITLE				
	SYDNEY CESSIN	NAME					
	388 Normanay I	STREET ADDRESS					
	DELMAY BEACH FL 334	CITY-ST-ZIP					
	HY BALBAN	TITLE NAME					
STREET ADDRESS 4	113 NORMANDY I	STREET ADDRESS		lander (d. 1805) en			
	DELKAY BEACH FL 33	CITY: ST-ZIP					
TITLE S	SD FRENE FISHER	TIFLE	rang markan	and the second second			
STREET ADDRESS 4	400 NORMANDY I	NAME STREET ADDRESS					
	ELRAY BEACH FL 3	CITY-ST-ZIP		DO NOT WI	RITE		
	D	TITLE					
NAME /	VAOMI GANDLE	NAME		IN THIS SPA	ACE		
	90 NORMANDY I	STREET ADDRESS					
NTN 64 315		5.46 İ	**************************************	30 C C C C C C C C C C C C C C C C C C C			
CITY-ST-ZIP D:	ELRAY BEACH FL 3:	3484	CITY+ST-7IP				
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ITLE D. AME D	PECRAY BEACH FL 3: 1942 POLLACK 194 NORMANDY T 1943 BEACH FL 3 1011 HALPERN		TITLE: NAME STREET ADDRESS CITY ST ZIP UILLE NAME				
ITLE DAME STREET ADDRESS APPLIED DAME DA	PECRAY BEACH FL 3: 1942 POLLACK 1944 NORMANDY I 1961RAY BEACH FL	33484	TITLE: NAME STREET ADDRESS CITY: ST: ZIP			And Anti-Application (Application) Application	
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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 attachment with an address, with an other like empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with an other like empowered.

SIGNATURE

SEGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytimis Phone 6