

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

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

05-02-2002 90115 027 \*\*\*\*61.25

DOCUMENT # **1740770**

1. Entity Name

**NORMANDY I CONDOMINIUM ASSOCIATION, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**PRIME MGMT GROUP INC**

3. Mailing Address

**PRIME MGMT GROUP INC.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**6300 PARK of COMMERCE BLVD**

**6300 PARK of COMMERCE BLVD**

City & State

City & State

**BOCA RATON FL**

**BOCA RATON FL**

Zip

Country

Zip

Country

**33487**

**USA**

**33487**

**USA**

4. FEI Number

**59-1972478**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

**MYRON SWATT**

Street Address (P.O. Box Number is Not Acceptable)

**6300 PARK of COMMERCE BOULEVARD**

City

**BOCA RATON**

FL

Zip Code

**33487**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature of person named in 7. Name of Registered Agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

**4/22/02**

**FEE IS \$61.25**

**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO SYDNEY LESSIN 388 NORMANDY I DELRAY BEACH FL 33484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VO HY BALBAN 413 NORMANDY I DELRAY BEACH FL 33484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FRANK FISHER 400 NORMANDY I DELRAY BEACH FL 33484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD NAOMI GANDIG 390 NORMANDY I DELRAY BEACH FL 33484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVE POLLACK 394 NORMANDY I DELRAY BEACH FL 33484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANITA HALPERN 429 NORMANDY I DELRAY BEACH FL 33484</b>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CREATED 10/01