



FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90020 038 ****61.25

DOCUMENT # 746770 1. Entity Name NORMANDY I ASSOCIATION, INC.				Secretary of State 03-28-2008 90020 038 ****61.25	
Principal Place of Business PRIME MGMT GROUP IN 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US		Mailing Address PRIME MGMT GROUP IN 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01222008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1981747	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORMANDY I 6300 PARK 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, CHARLES		NAME	FRANK	
STREET ADDRESS	389 NORMANDY I		STREET ADDRESS	100 NORMANDY I	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNSTEIN, ADRIENNE		NAME		
STREET ADDRESS	427 NORMANDY I		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	DIR. FREIHAN, JOE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHEINBERG, REBA		NAME	408 NORMANDY I	
STREET ADDRESS	409 NORMANDY I		STREET ADDRESS	DELRAY BEACH, FL 33484	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	GANDLE, NAOMI	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	390 NORMANDY I		NAME		
STREET ADDRESS	DELRAY BEACH, FL 33484		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBAN, LOU		NAME		
STREET ADDRESS	421 NORMANDY I		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SILBER, CAROL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	431 NORMANDY I	
STREET ADDRESS			STREET ADDRESS	DELRAY BEACH, FL 33484	
CITY-ST-ZIP			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 2/14/08 Daytime Phone #	