

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90328 028 \*\*\*\*61.25

**DOCUMENT # 746859**

1. Entity Name

**NORMANDY M ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

**PRIME MANAGEMENT GROUP, INC.  
 6300 PRK 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

4. FEI Number

**59-1953440**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **VD RONIS, DORA**  
 STREET ADDRESS **587. NORMANDY M**  
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD BRAND, MILTON**  
 STREET ADDRESS **617 NORMANDY M**  
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D STEINBERG, GLADYS**  
 STREET ADDRESS **596 NORMANDY M**  
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD MOSKOVITZ, FRANCIS**  
 STREET ADDRESS **579 NORMANDY M**  
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D ECKSTEIN, SAM**  
 STREET ADDRESS **594 NORMANDY M**  
 CITY-ST-ZIP **DELRAY BCH FL 33484**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D BRENNER, STELLA**  
 STREET ADDRESS **589 NORMANDY M**  
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE  Change  Addition  
 NAME **D HARTZMAN, SAN FORD**  
 STREET ADDRESS **614 NORMANDY M**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33484**

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: \_\_\_\_\_

*DORA RONIS*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)