


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90181 049 \*\*\*\*61.25

**DOCUMENT # 746859**

1. Entity Name  
**NORMANDY M 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 PRK OF COMMERCE BLVD**  
**BOCA RATON, FL 33487 US**

40060226



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01292007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1953440**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BERNSTEIN, ARNIE**  
**NORMANDY M ASSOCIATION, INC**  
**6300 PARK OF COMMERCE BLVD**  
**BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name **Normandy M**

Street Address (P.O. Box Number is Not Acceptable)  
**6300 Park of Commerce Blvd**

City **Boca Raton** FL Zip Code **33487**

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, 2007**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RONIS, DORA 587 NORMANDY M DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete HARTZMAN, ELAINE 614 NORMANDY M DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete WHITAKER, JIMMY 616 NORMANDY M DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete FEINMAN, ARLENE 616 NORMANDY DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HARTZMAN, SANFORD 614 NORMADY M DELRAY BCH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete WHITAKER, LINDA 616 NORMANDY M DELRAY BEACH, FL 33484

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>(540)</b> <b>590 NORMANDY M</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>614 NORMANDY M</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Linda Whitaker **3-22-07** **865-4126**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #