

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-13-2007 90181 003 \*\*\*\*61.25

**DOCUMENT # 746861**

1. Entity Name  
**NORMANDY O ASSOCIATION, INC.**



**40060224**



Principal Place of Business  
**PRIME MANAGEMENT GROUP, INC.  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487**

Mailing Address  
**PRIME MANAGEMENT GROUP, INC.  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1991174**

Applied For  
Not Applicable

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

**MORMANDY O. ASSOCIATION, INC.  
ARNIE BURNSTEIN  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487**

Name **Normandy O**  
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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **KAPLAN, EVELYN**  
CITY-ST-ZIP **708 NORMANDY O  
DELRAY BEACH, FL 33484**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **HURWITZ, MARGE**  
CITY-ST-ZIP **713 NORMANDY O  
DELRAY BEACH, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **LAINO, DEBBIE**  
CITY-ST-ZIP **675 NORMANDY O  
DELRAY BEACH, FL 33484**

TITLE ☒ Change ☐ Addition  
NAME **LAINO, DEBBIE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DINERMAN, MAX**  
CITY-ST-ZIP **680 NORMANDY D  
DELRAY BEACH, FL 33484**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **SIEGEL, SHELLY**  
CITY-ST-ZIP **674 NORMANDY O  
DELRAY BEACH, FL 33484**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **ZINTZ, DEXTER**  
CITY-ST-ZIP **720 NORMANDY O  
DELRAY BEACH, FL 33484**

TITLE ☐ Change ☒ Addition  
NAME **KAPLAN, IRA**  
STREET ADDRESS **685 NORMANDY O**  
CITY-ST-ZIP **DELRAY BEACH, FL**

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:**

**Max Dinerman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-22-07**  
Date

Daytime Phone #