

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90041 008 \*\*\*\*61.25

**DOCUMENT # 746963**

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



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

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

04061033



2. Principal Place of Business  
**1315 NW 8TH STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**1315 NW 8TH STREET**  
Suite, Apt. #, etc.

03072004 Chg-NP CR2E037 (10/03)

City & State  
**BOYNTON BEACH FL**  
Zip Country  
**33426 US**

City & State  
**BOYNTON BEACH FL**  
Zip Country  
**33426 US**

4. FEI Number  
**59-1951431**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SWATT, MYRON  
6300 PK OF COMMERCE BLVD  
BOCA RATON, FL 33487**

**7. Name and Address of New Registered Agent**

Name  
**WILSON, DANNY**  
Street Address (P.O. Box Number is Not Acceptable)

**1315 NW 8TH STREET**  
City  
**BOYNTON BEACH FL** Zip Code  
**33426**

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 *Danny Wilson* **DANNY WILSON** **3/31/2004**  
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, 2004**

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	<input type="checkbox"/> Delete
P	COHEN, DAVID	KINGS PT NORMANDY 883	DELRAY BEACH, FL	<input type="checkbox"/>
D	LEVY, JOCELYN	869 NORMANDY S	DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/>
T	FELDMAN, ELAYNE	876 NORMANDY S	DELRAY BEACH, FL 33484	<input type="checkbox"/>
S	SINGER, HORTY	881 NORMANDY S	DELRAY BEACH, FL 33484	<input type="checkbox"/>
D	JAFFE, SIDNEY	890 NORMANDY S	DELRAY BEACH, FL 33484	<input type="checkbox"/>
VD	FROST, SHELDON	902 NORMANDY S	DELRAY BEACH, FL 33484	<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR	KARGER, RONALD	905 NORMANDY S	DELRAY BEACH, FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *David Cohen* **DAVID COHEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-29-04** **561-498-4209**  
Date Daytime Phone #