

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90179 029 \*\*\*\*61.25

0042586

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1951431**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



CHECK HERE IF MAKING CHANGES

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

TITLE	<b>LEARNER JUDY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORMANDY S</b>
STREET ADDRESS	<b>DELRAY BEACH FL 33484</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**

4-10-03

499-7719

CR2E037 (10/02)