

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90177 027 ****61.25

0004382

DOCUMENT # 746721

1. Entity Name

NORMANDY E 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 PK 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

59-2015076

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

**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 PD
NAME SINGER, SAUL H
STREET ADDRESS 229 NORMANDY E
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

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

TITLE VPD
NAME ARNOLD, HERBERT
STREET ADDRESS 216 NORMANDY E
CITY-ST-ZIP DELRAY BEACH FL ☒ Delete

TITLE
NAME Seitzer, Dorothy
STREET ADDRESS 225 Normandy E
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE SD
NAME TEMKIN, SARAH
STREET ADDRESS 224 NORMANDY E
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE SD
NAME Temkin, Sarah
STREET ADDRESS 224 Normandy E
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TD
NAME FIUR, TEDDY
STREET ADDRESS 205 NORMANDY E
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

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

TITLE D
NAME COHEN, MANNY
STREET ADDRESS 197 NORMANDY E
CITY-ST-ZIP DELRAY BEACH FL ☒ Delete

TITLE D
NAME Abramowitz, Murray
STREET ADDRESS 220 Normandy E
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE DD
NAME FINE, LEE
STREET ADDRESS 196 NORMANDY E
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE VPD
NAME Fine, Lee
STREET ADDRESS 196 Normandy E
CITY-ST-ZIP ☒ Change ☐ 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01

Date

498-0194

Daytime Phone #

CR2E037 (10/00)