

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

59-1953440

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 SHAPIRO, ETHEL
STREET ADDRESS 586 NORMANDY M
CITY-ST-ZIP DELRAY BEACH FL

☒ Delete

TITLE VP
NAME BRAND, MILTON
STREET ADDRESS 617 NORMANDY M
CITY-ST-ZIP DELRAY BEACH FL 33484

☐ Delete

TITLE SD
NAME SHRIBER, RUTH
STREET ADDRESS 588 NORMANDY M
CITY-ST-ZIP DELRAY BEACH FL

☐ Delete

TITLE TD
NAME MOSKOVITZ, FRANCIS
STREET ADDRESS 579 NORMANDY M
CITY-ST-ZIP DELRAY BEACH FL

☐ Delete

TITLE D
NAME ECKSTEIN, SAM
STREET ADDRESS 594 NORMANDY M
CITY-ST-ZIP DELRAY BCH FL 33484

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE VD
NAME Ronis, Dora
STREET ADDRESS 587 Normandy M
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE PD
NAME Brand, Milton
STREET ADDRESS 617 Normandy M
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME Steinberg, Gladys
STREET ADDRESS 596 Normandy M
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME Brenner, Stella
STREET ADDRESS 589 Normandy M
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-20-2001 90177 034 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)