

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90328 032 ****61.25

DOCUMENT # 746961

1. Entity Name

NORMANDY Q ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP, INC.
6300 PRK OF COMMERCE BLVD
BOCA RATON FL 33487
US

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

59-1991176

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

ROSENWALD, JULIUS
NORMANDY Q-812 KINGS POINT
DELRAY BEACH FL FL 33445

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **BARON, MARION**
 CITY-ST-ZIP **816 NORMANDY Q**
DELRAY BCH FL 33484

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **RAYMOND, IALDA**
 CITY-ST-ZIP **793 NORMANDY Q**
DELRAY BCH FL 33484

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **FLOMEN, JERRY**
 CITY-ST-ZIP **786 NORMANDY Q**
DELRAY BCH FL 33484

TITLE ☐ Change ☒ Addition
 NAME **D Philip Horowitz**
 STREET ADDRESS **790 Normandy Q**
 CITY-ST-ZIP **Delray Bch FL 33484**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **IRVING, KORN**
 CITY-ST-ZIP **776 NORMANDY Q**
DELRAY BCH FL 33484

TITLE ☐ Change ☒ Addition
 NAME **D Goldstein, Patricia**
 STREET ADDRESS **814 Normandy Q**
 CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **KASSOVER, BEVERLY**
 CITY-ST-ZIP **780 NORMANDY Q**
DELRAY BEACH FL

TITLE ☐ Change ☒ Addition
 NAME **D Weinstein, Bernice**
 STREET ADDRESS **791 Normandy Q**
 CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **WOOLF, IRENE**
 CITY-ST-ZIP **809 NORMANDY Q**
DELRAY BEACH FL

TITLE ☐ Change ☒ Addition
 NAME **VPO Fiumefreddo, Tony**
 STREET ADDRESS **813 Normandy Q**
 CITY-ST-ZIP **Delray Beach, FL 33484**

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 #

CR2E037 (9/01)