

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90230 001 *4,226.25

DOCUMENT # 746720

1. Entity Name
NORMANDY D ASSOCIATION, INC.



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

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

66418616



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2053338

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 PARK 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KAUFMANN, FRED
STREET ADDRESS 159 NORMANDY D
CITY-ST-ZIP DELRAY BEACH, FL

TITLE VP ☒ Change ☐ Addition
NAME Kaufman, Fred
STREET ADDRESS 159 Normandy D
CITY-ST-ZIP Delray Beach, FL 33484

TITLE SD ☒ Delete
NAME HELFMAN, YVETTE
STREET ADDRESS 157 NORMANDY D
CITY-ST-ZIP DELRAY BCH, FL 33484

TITLE S ☐ Change ☐ Addition
NAME Martynaik, Ken
STREET ADDRESS 146 Normandy D
CITY-ST-ZIP Delray Beach, FL 33484

TITLE VD ☐ Delete
NAME COHEN, SID
STREET ADDRESS 148 NORMANDY D
CITY-ST-ZIP DELRAY BCH, FL 33484

TITLE P ☒ Change ☐ Addition
NAME Cohen, Sidney
STREET ADDRESS 148 Normandy D
CITY-ST-ZIP Delray Beach, FL 33484

TITLE TD ☐ Delete
NAME YATCHIE, RITA
STREET ADDRESS 165 NORMANDY D
CITY-ST-ZIP DELRAY BEACH, FL

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

TITLE D ☐ Delete
NAME HELRMON, YVETTE
STREET ADDRESS 157 NORMANDY DR
CITY-ST-ZIP DELRAY BCH, FL 33484

TITLE D ☒ Change ☐ Addition
NAME Helfman, Yvette
STREET ADDRESS 157 Normandy D
CITY-ST-ZIP Delray Beach, FL 33484

TITLE D ☐ Delete
NAME ARONOFF, FREDA
STREET ADDRESS 155 NORMANDY D
CITY-ST-ZIP DELRAY BCH, FL 33484

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04