2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #746861

NORMANDY O ASSOCIATION, INC.



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

05-04-2004 90230 001 *4,226.25

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

Mailing Address

PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMWERCE BLVD BOCA RATON, FL 33487				PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMWERCE BLVD BOCA RATON, FL 33487						1 1			
2. Principal Pl	ace of Busin	ess	3. Mail	ing Address			=						
Suite, Apt.	spt. #, etc. Suite, Apt. #, etc.							04222004	Chg-NP	•	CR2E0	37 (10/03)	
City & State			Cit	City & State				4. FEI Numb 59-19				_ <u> </u>	plied For ot Applicable
Zip	Country Zip			Count	5. Certificate of Status Desired S8.75 Add Fee Required								
	6. Name	and Address of Curren	t Registere	d Agent				7. Name an	d Address o	f New Re	gistered	Agent	
						Name							
	IYRON K OF COMMERCE BLVD TON, FL 33487					Street A	ddress (I	P.O. Box Numl	oer is Not Ac	ceptable))		
					-	City			<u></u>		FL	Zip Cod	e
	named entity ions of regist	y submits this statement f ered agent.	or the purp	ose of changing its i	egistered	office or	r register	ed agent, or b	oth, in the Sta	ate of Flor	rida. Iam	familiar with,	and accept
SIGNATURE _	Signature, typed	or printed name of registered ager	t and title if app	licable. (NOTE	Registered A	gent signat	ure required	when reinstating)			DATE		
Filing Fee is \$61.25 Due by May 1, 2004				Election Campaign Financi Trust Fund Contribution.				\$5.00 May Added to Fee				k payable to rtment of St	
10.		OFFICERS AND D	RECTORS		11.			ADDITIONS/CI	HANGES TO	OFFICER	RS AND D	IRECTORS IN	l 10
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·· ·	MILLER,	ANN	IRECTORS	☐ Delete	TITLE NAME	·		ADDITIONS/CI	HANGES TO	OFFICER	RS AND D		
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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:

nerman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR