

FILED
May 03, 2005 8:00 am
Secretary of State

40079519

DOCUMENT # 746767			
1. Entity Name NORMANDY F ASSOCIATION, INC.		05-03-2005 90104 032 *****61.25	
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 59-2004495		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name NORMANDY F ASSOCIATION, INC Street Address (P.O. Box Number is Not Acceptable) ARNIE BERNSTEIN 6300 PARK OF COMMERCE BOULEVARD City BOCA RATON FL 33487	
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 ARNIE BERNSTEIN (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P ALTERMAN, SAM 275 NORMANDY F DELRAY BCH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUSKIN, MARC 260 NORMANDY F DELRAY BCH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSKIN, MARC ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDO, SOL 241 NORMANDY F DELRAY BCH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gordon, Sol ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIEGEL, ROBERT 270 NORMANDY F DELRAY BCH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OVITSKY, FAYE 272 NORMANDY F DELRAY BCH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOT, SYLVIA 244 NORMANDY F DELRAY BEACH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS 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: Robert Siegel		Date 7-12-05 Daytime Phone # Robert Siegel	