

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90104 042 ****61.25

DOCUMENT # 746961 1. Entity Name NORMANDY Q 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 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		
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 NORMANDY Q ASSOCIATION, INC.	
				Street Address (P.O. Box Number is Not Acceptable) ARNIE BERNSTEIN	
				6300 PARK OF COMMERCE BOULEVARD	
				City BOCA RATON	FL Zip Code 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARON, MARION	NAME			
STREET ADDRESS	816 NORMANDY Q	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH, FL 33484	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEINBERGER, HERB	NAME			
STREET ADDRESS	798 NORMANDY Q	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSENWALD, JULIE	NAME			
STREET ADDRESS	812 NORMANDY A	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOOK, HELEN	NAME			
STREET ADDRESS	795 NORMANDY 9	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERGERE, RUTH	NAME			
STREET ADDRESS	779 NORMANDY Q	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOROWITZ, PHIL	NAME			
STREET ADDRESS	790 NORMANDY Q	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484	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: H. Weinberger 4-13-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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02242005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-1991176** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required