

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90004 002 ****61.25

DOCUMENT # 745994

1. Entity Name
NORMANDY L 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

20054036



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07272006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-1940057

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNSTEIN, ARNIE
6300 PK OF COMMERCE BLVD
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

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 September 6, 2006

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ALTBUCH, DAVID
557 NORMANDY L
DELRAY BEACH, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GLADSTONE, MOLEY
572 NORMANDY L
DELRAY BEACH, FL 33484 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BLOOM, SELMA
549 NORMANDY L
DELRAY BEACH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
AXELBAND, ANN
540 NORMANDY L
DELRAY BEACH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURMAN, DAVE
571 NORMANDY L
DELRAY BEACH, FL 33484 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HORN, DORIS
KINGS PT. NORMANDY L 547
DELRAY BEACH, FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Molly Gladstone
572 Normandy L
Delray Beach, FL 33484 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Deborah Gustafson
566 Normandy L
Delray Beach, FL 33484 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ros Kopin
573 Normandy L
Delray Beach, FL 33484 ☐ Change ☒ Addition

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

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

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 exemptions contained in Chapter 119, 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 #