2006 NOT-FOR-PROFIT CORPORATION

. ANNUAL REPORT **DOCUMENT #746769** 08-30-2006 90004 005 ****61.25 1. Entity Name NORMANDY H ASSOCIATION, INC. Principal Place of Business Mailing Address ₩VVU#U03 PRIME MANAGEMENT GROUP, INC. PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07272006 CR2E037 (4/06) City & State City & State Applied For 4. FE! Number 59-1991175 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNSTEIN, ARNIE 6300 PK OF COMMERCE BLVD Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33487 Zip Code City FL 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. П Florida Department of State Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Oelete TITLE Change ☐ Addition LIEBERMAN, HERBERT NAME NAME 353 NORMANDY H STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-7IP TD Addition ☐ Delete TITLE ☐ Change TITLE COHEN, LOUIS NAME NAME STREET ADDRESS STREET ADDRESS 345 NORMANDY H DELRAY BCH, CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WEISEN, LILLIAN NAME NAME

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 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.

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KAY, SHELDON

352 NORMANDY H

374 NORMANDY H

352 NORMANDY H

KAY, EVELYN

DELRAY BEACH, FL 33484

DELRAY BEACH, FL 33484

HOROWITZ, SHEPPARD

DELRAY BEACH, FL 33484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

☐ Chance

Change

☐ Change

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