

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

08-30-2006 90004 018 \*\*\*\*61.25

<b>DOCUMENT # 746961</b> 1. Entity Name <b>NORMANDY Q ASSOCIATION, INC.</b>					
Principal Place of Business <b>PRIME MANAGEMENT GROUP, INC.</b> <b>6300 PRK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487 US</b>			Mailing Address <b>PRIME MANAGEMENT GROUP, INC.</b> <b>6300 PK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487 US</b>		
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 <b>59-1991176</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NORMANDY 6 ASSOCIATION INC</b> <b>6300 PARK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARON, MARION 816 NORMANDY Q DELRAY BCH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JETTER, LORRAINE 793 NORMANDY Q Delray Beach FL 33484		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEINBERGER, HERB 798 NORMANDY Q DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAZUR, HARRIET 777 NORMANDY Q Delray Beach FL 33484		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSENWALD, JULIE 812 NORMANDY A DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOTIE, LOROTHY 773 NORMANDY Q Delray Beach FL 33484		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOOK, HELEN 795 NORMANDY 9 DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPIVAK, SAMUEL 771 NORMANDY Q Delray Beach FL 33484		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERGERE, RUTH 779 NORMANDY Q DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOROWITZ, PHIL 790 NORMANDY Q DELRAY BEACH, FL 33484		
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:		8/3/06 (561) 865-2366			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			