

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90181 005 ****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

40060222



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1991176

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORMANDY 6 ASSOCIATION INC
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487

Name
Normandy Q
Street Address (P.O. Box Number is not Acceptable)

6300 Park of Commerce Blvd.
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

(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 May 1, 2007

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 **D** ☐ Delete
NAME **JETTER, LORRAINE**
STREET ADDRESS **793 NORMANDY Q**
CITY-ST-ZIP **DELRAY BCH, FL 33484**

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

TITLE **P** ☐ Delete
NAME **WEINBERGER, HERB**
STREET ADDRESS **798 NORMANDY Q**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

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

TITLE **VP** ☐ Delete
NAME **MAZUR, HARRIET**
STREET ADDRESS **777 NORMANDY Q**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

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

TITLE **S** ☒ Delete
NAME **NOTIE, DOROTHY**
STREET ADDRESS **773 NORMANDY Q**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **S** ☐ Change ☒ Addition
NAME **WEINBERGER, LEAH**
STREET ADDRESS **798 NORMANDY Q**
CITY-ST-ZIP **DELRAY BEACH, FL**

TITLE **T** ☒ Delete
NAME **SPIVAK, SAMUEL**
STREET ADDRESS **771 NORMANDY Q**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE ☐ Change ☒ Addition
NAME **JETTER, LORRAINE**
STREET ADDRESS **793 NORMANDY Q**
CITY-ST-ZIP **DELRAY BEACH, FL**

TITLE **D** ☐ Delete
NAME **HOROWITZ, PHIL**
STREET ADDRESS **790 NORMANDY Q**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Herbert Weinberger President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-07
Date

Daytime Phone #