


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90020 035 \*\*\*\*61.25

<b>DOCUMENT # 746767</b> 1. Entity Name <b>NORMANDY F 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 PRK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01222008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2004495</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NORMANDY F ASSOCIATION, INC</b> <b>6300 PARK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALTERMAN, SAM		NAME		
STREET ADDRESS	275 NORMANAY F		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33484		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALAKOFF, DIANE		NAME	<b>NORMANDY F</b>	
STREET ADDRESS	248 NORMANDY F		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	GORDON, SOL		NAME		
STREET ADDRESS	241 NORMANDY F		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33484		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEGEL, ROBERT		NAME		
STREET ADDRESS	270 NORMANDY F		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33484		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OVITSKY, FAYE		NAME		
STREET ADDRESS	272 NORMANDY F		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33484		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIOT, SYLVIA		NAME		
STREET ADDRESS	244 NORMANDY F		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 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.					
<b>SIGNATURE: <u>Robert Siegel</u> ROBERT SIEGEL 2/13/08</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					