

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90179 031 *****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**

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 **59-1991176**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENWALD, JULIUS
NORMANDY Q-812 KINGS POINT
DELRAY BEACH FL FL 33445**

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

FILE NOW: FEE IS \$61.25

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	P	<input type="checkbox"/> Delete
NAME	BARON, MARION	
STREET ADDRESS	816 NORMANDY Q	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RAYMOND, IALDA	
STREET ADDRESS	793 NORMANDY Q	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAROWITZ, PHILIP	
STREET ADDRESS	790 NORMANDY Q	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDSTEIN, PATRICIA	
STREET ADDRESS	814 NORMANDY Q	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINSTEIN, BERNICE	
STREET ADDRESS	791 NORMANDY Q	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FIUMFREDDO, TONY	
STREET ADDRESS	813 NORMANDY Q	
CITY-ST-ZIP	DELRAY BEACH FL 33484	

TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herb Weinberger	
STREET ADDRESS	798 Normandy Q	
CITY-ST-ZIP	DeLray Beach FL 33484	
TITLE	Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marion Baron	
STREET ADDRESS	798 Normandy Q	
CITY-ST-ZIP	DeLray Beach FL 33484	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie Rosenwald	
STREET ADDRESS	812 Normandy Q	
CITY-ST-ZIP	DeLray Beach FL 33484	
TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen Book	
STREET ADDRESS	795 Normandy Q	
CITY-ST-ZIP	DeLray Beach FL 33484	
TITLE	Tres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Bergere	
STREET ADDRESS	779 Normandy Q	
CITY-ST-ZIP	DeLray Beach FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Herb Weinberger

3/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)