

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745994

1. Entity Name

NORMANDY L ASSOCIATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90116 004 ****61.25

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 33487-8229 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1940057	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWATT, MYRON
6300 PK OF COMMERCE BLVD
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

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.

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
---	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	ALTBUCH, DAVID
STREET ADDRESS	KINGS PT. NORMANDY L 557
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	V <input type="checkbox"/> Delete
NAME	STERNFELD, MILTON
STREET ADDRESS	560 NORMANDY
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	BURMAN, DAVID
STREET ADDRESS	575 NORMANDY L
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	S <input type="checkbox"/> Delete
NAME	FREILICH, ALBERT
STREET ADDRESS	NORMANDY L 548
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	TD <input type="checkbox"/> Delete
NAME	SIMON, ARTHUR
STREET ADDRESS	KINGS PT. NORMANDY L 571
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	HORN, DORIS
STREET ADDRESS	KINGS PT. NORMANDY L 547
CITY-ST-ZIP	DELRAY BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Simon, Arthur
STREET ADDRESS	571 Normandy L
CITY-ST-ZIP	
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: Myron Swatt **2/17/00**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)