


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90104 029 ****61.25

DOCUMENT # 746718
 1. Entity Name
NORMANDY B 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 PARK OF COMMERCE BLVD
 BOCA RATON, FL 33487 US

40079522



02242005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
59-2053339

Applied For
 Not Applicable

Zip Country Zip Country

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


8. 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 **NORMANDY B ASSOCIATION, INC.**
 Street Address (P.O. Box Number is NOT acceptable)
ARNIE BERNSTEIN
6300 PARK OF COMMERCE BOULEVARD
 City **BOCA RATON** FL Zip Code **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 **ARNIE BERNSTEIN** 
 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, 2005

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|----------------|------------------------|-------------------------------------|
| P | REMELS, JUDY | 76 NORMANDY B | DELRAY BEACH, FL 33484 | <input type="checkbox"/> |
| D | BLASKO, SANDY | 90 NORMANDY B | DELRAY BEACH, FL 33484 | <input checked="" type="checkbox"/> |
| SD | BLUMBERG, GLORIA | 50 NORMANDY B | DELRAY BEACH, FL | <input type="checkbox"/> |
| T | REMELS, MARVIN | NORMANDY B 76 | DELRAY BEACH, FL | <input type="checkbox"/> |
| VP | BLUMBERG, BILL | 50 NORMANDY B | DELRAY BEACH, FL 33484 | <input type="checkbox"/> |
| DD | GOLDSTEIN, LILLIE | 422 MONGLO I | DELRAY BEACH, FL 33484 | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|--------------------|----------------|------------------------|---------------------------------|-------------------------------------|
| D | GRINDALL, MARGARET | 86 NORMANDY B | DELRAY BEACH, FL 33484 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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: **Gloria Blumberg Secy**  **4/13/04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #