


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-13-2007 90181 040 \*\*\*\*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

40060255



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

01292007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
 59-2053339

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

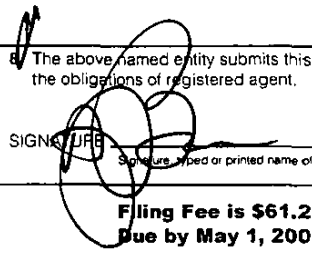
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNSTEIN, ARNIE  
 6300 PK OF COMMERCE BLVD  
 BOCA RATON, FL 33487

Name Normandy B  
 Street Address (P.O. Box Number is Not Acceptable)  
6300 Park of Commerce Blvd  
 City Boca Raton FL Zip Code 33487

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

**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		
TITLE	P	<input type="checkbox"/> Delete
NAME	REMELS, JUDY	
STREET ADDRESS	76 NORMANDY B	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRINDALL, MARGARET	
STREET ADDRESS	86 NORMANDY B	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLUMBERG, GLORIA	
STREET ADDRESS	50 NORMANDY B	
CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	REMELS, MARVIN	
STREET ADDRESS	NORMANDY B 76	
CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLUMBERG, BILL	
STREET ADDRESS	50 NORMANDY B	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	DD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, LILLIE	
STREET ADDRESS	64 NORMANDY B	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	

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 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 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:  3/22/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #