


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90104 030 ****61.25

DOCUMENT # 746720	
1. Entity Name NORMANDY D ASSOCIATION, INC.	

Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487
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40079521



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04122005 Chg-NP CR2E037 (10/03)

City & State	City & State
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4. FEI Number 59-2053338	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SWATT, MYRON 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	

7. Name and Address of New Registered Agent	
Name	NORMANDY D 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> Delete
NAME	KAUFMANN, FRED
STREET ADDRESS	159 NORMANDY D
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	S <input type="checkbox"/> Delete
NAME	MARTYNAIK, KEN
STREET ADDRESS	146 NORMANDY D
CITY-ST-ZIP	DELRAY BCH, FL 33484
TITLE	P <input type="checkbox"/> Delete
NAME	COHEN, SIDNEY
STREET ADDRESS	148 NORMANDY D
CITY-ST-ZIP	DELRAY BCH, FL 33484
TITLE	TD <input type="checkbox"/> Delete
NAME	YATCHIE, RITA
STREET ADDRESS	165 NORMANDY D
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HELFMAN, YVETTE
STREET ADDRESS	157 NORMANDY DR
CITY-ST-ZIP	DELRAY BCH, FL 33484
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ARONOFF, FRED
STREET ADDRESS	155 NORMANDY D
CITY-ST-ZIP	DELRAY BCH, FL 33484

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTYNAIK, Ken
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	D
STREET ADDRESS	BROOK, Steven
CITY-ST-ZIP	166 NORMANDY DELRAY BEACH FL 33484
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	PERRY, Renee
CITY-ST-ZIP	152 NORMANDY D DELRAY BEACH, FL 33484

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:	Sidney M Cohen 4-13-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone #