

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90230 001 *4,226.25

DOCUMENT # 746767

1. Entity Name
NORMANDY F 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 PRK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

00410010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2004495

Applied For
Not Applicable

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

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

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

Filing Fee is \$61.25
Due by May 1, 2004

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 ☐ Delete
NAME **ALTERMAN, SAM**
STREET ADDRESS **275 NORMANAY F**
CITY-ST-ZIP **DELRAY BCH, FL 33484**

TITLE D ☒ Delete
NAME **FISOVITZ, JEANE H**
STREET ADDRESS **246 NORMANDY F**
CITY-ST-ZIP **DELRAY BCH, FL 33484**

TITLE VD ☒ Delete
NAME **SCHULMAN, MOREY**
STREET ADDRESS **247 NORMANDY F**
CITY-ST-ZIP **DELRAY BCH, FL 33484**

TITLE T ☐ Delete
NAME **SIEGEL, ROBERT**
STREET ADDRESS **270 NORMANY F**
CITY-ST-ZIP **DELRAY BCH, FL 33484**

TITLE S ☐ Delete
NAME **OVITSKY, FAYE**
STREET ADDRESS **272 NORMANDY F**
CITY-ST-ZIP **DELRAY BCH, FL 33484**

TITLE **Ro** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME **Marc Ruskin**
STREET ADDRESS **260 Normandy F**
CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE D ☐ Change ☒ Addition
NAME **Sol Gordon**
STREET ADDRESS **241 Normandy F**
CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME **Sylvia Elliot**
STREET ADDRESS **244 Normandy F**
CITY-ST-ZIP **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: *Robert Siegel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #