

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-13-2007 90181 043 ****61.25

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**

40060232



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2004495

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BERNSTEIN, ARNIE
MORMANDY F ASSOCIATION, INC
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name **Normandy F**
Street Address (P.O. Box Number is Not Acceptable)

6300 Park of Commerce Blvd
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

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Delete
NAME	ALTERMAN, SAM
STREET ADDRESS	275 NORMANAY F
CITY-ST-ZIP	DELRAY BCH, FL 33484
TITLE	<input type="checkbox"/> Delete
NAME	D MALAKOFF, DIANE
STREET ADDRESS	248 NORMANDY E
CITY-ST-ZIP	DELRAY BCH, FL 33484
TITLE	<input checked="" type="checkbox"/> Delete
NAME	GORDON, SOL
STREET ADDRESS	241 NORMANDY F
CITY-ST-ZIP	DELRAY BCH, FL 33484
TITLE	<input type="checkbox"/> Delete
NAME	T SIEGEL, ROBERT
STREET ADDRESS	270 NORMANDY F
CITY-ST-ZIP	DELRAY BCH, FL 33484
TITLE	<input type="checkbox"/> Delete
NAME	S OVITSKY, FAYE
STREET ADDRESS	272 NORMANDY F
CITY-ST-ZIP	DELRAY BCH, FL 33484
TITLE	<input type="checkbox"/> Delete
NAME	D ELLIOT, SYLVIA
STREET ADDRESS	244 NORMANDY F
CITY-ST-ZIP	DELRAY BEACH, FL 33484

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OV
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	OP
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:

Robert Siegel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/07