

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90173 037 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2004495**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

**FILE NOW: FEE IS \$61.25**

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

TITLE **T** ☒ Delete  
NAME **ELLIOTT, SYLVIA**  
STREET ADDRESS **244 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 **D** ☐ Delete  
NAME **SEIGEL, BOB**  
STREET ADDRESS **270 NORMANDY 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Tres.** ☒ Change ☐ Addition  
NAME **Robert Siegel**  
STREET ADDRESS **270 Normandy F**  
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **Dir** ☐ Change ☒ Addition  
NAME **Jeanette Fiso vitz**  
STREET ADDRESS **246 Normandy F**  
CITY-ST-ZIP **DELRAY BEACH 33484**

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

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

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

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

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 the empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**PRES**

**3/27/03**

**409-8234**

Date

Daytime Phone #

CR2E037 (10/02)