

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746769

1. Entity Name

NORMANDY H ASSOCIATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90116 043 ****61.25

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 33487-8229 US
---	--



DO NOT WRITE IN THIS SPACE

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 59-1991175	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
S	BERKOWITZ, JEAN	344 NROMANDY H	DELRAY BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
V	BRODSKY, HAROLD	KINGS PT. NORMANDY H 358	DELRAY BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
P	COHEN, LOUIS	345 NORMANDY H	DELRAY BCH	<input type="checkbox"/>	<input type="checkbox"/>
TD	KAUFMAN, JULIUS	KINGS PT. NORMANDY H 372	DELRAY BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
D	GOLDSTEIN, MURRAY	356 NORMANDY H	DELRAY BEACH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	REISS, ROSE	KINGS PT. NORMANDY H 365	DELRAY BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

D Kay, Sheldon
 352 Normandy H

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: *Sheldon Kay*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)