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

FILED
May 16, 2003 8:00 am
Secretary of State
05-16-2003 90173 035 ****61.25

0042369

DOCUMENT # 746770

1. Entity Name
NORMANDY I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PRIME MGMT GROUP IN 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US	PRIME MGMT GROUP IN 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US

☐ CHECK HERE IF MAKING CHANGES

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 59-1981747 ☐ Applied For ☐ 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 PARK 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		
		☑ Delete			☑ Change ☐ Addition
TITLE	D		TITLE	VPT	
NAME	FEINNE, WILLIAM		NAME	NAOmi Gandle	
STREET ADDRESS	391 NORMANDY I		STREET ADDRESS	390 normandy I	
CITY-ST-ZIP	DELRAY BEACH FL 33484		CITY-ST-ZIP	Delray Beach FL 33484	
		☐ Delete			☐ Change ☑ Addition
TITLE	PD		TITLE	Sec	
NAME	LESSIN, SYDNEY		NAME	Elaine Sepuss	
STREET ADDRESS	388 NORMANDY I		STREET ADDRESS	387 Normandy I	
CITY-ST-ZIP	DELRAY BEACH FL 33484		CITY-ST-ZIP	Delray Beach FL 33484	
		☐ Delete			☐ Change ☑ Addition
TITLE	D		TITLE	Dir	
NAME	KLEINMAN, IRVING		NAME	Irene Fisher	
STREET ADDRESS	404 NORMANDY I		STREET ADDRESS	400 normandy I	
CITY-ST-ZIP	DELRAY BEACH FL 33484		CITY-ST-ZIP	Delray Beach FL 33484	
		☑ Delete			☐ Change ☐ Addition
TITLE	VP		TITLE		
NAME	KROWITZ, HERBERT		NAME		
STREET ADDRESS	386 NORMAMDY I		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33484		CITY-ST-ZIP		
		☐ Delete			☐ Change ☐ Addition
TITLE	T		TITLE		
NAME	GANDLE, NAOMI		NAME		
STREET ADDRESS	390 NORMANDY I		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33484		CITY-ST-ZIP		
		☐ Delete			☐ Change ☐ Addition
TITLE	D		TITLE		
NAME	POLLACK, DAVID		NAME		
STREET ADDRESS	394 NORMANDY I		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33-4847		CITY-ST-ZIP		

CR2E037 (10/02)

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: Sydney RE Lessin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #