

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-13-2007 90181 005 \*\*\*\*61.25

**DOCUMENT # 746961**

1. Entity Name  
**NORMANDY Q 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 PK OF COMMERCE BLVD**  
**BOCA RATON, FL 33487 US**

**40060222**



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  
**59-1991176**

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

**NORMANDY 6 ASSOCIATION INC**  
**6300 PARK OF COMMERCE BLVD**  
**BOCA RATON, FL 33487**

Name  
**Normandy Q**  
Street Address (P.O. Box Number is not Acceptable)

**6300 Park of Commerce Blvd.**  
City **Boca Raton** FL **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	D	<input type="checkbox"/> Delete
NAME	JETTER, LORRAINE	
STREET ADDRESS	793 NORMANDY Q	
CITY-ST-ZIP	DELRAY BCH, FL 33484	
TITLE	P	<input type="checkbox"/> Delete
NAME	WEINBERGER, HERB	
STREET ADDRESS	798 NORMANDY Q	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAZUR, HARRIET	
STREET ADDRESS	777 NORMANDY Q	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NOTIE, DOROTHY	
STREET ADDRESS	773 NORMANDY Q	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SPIVAK, SAMUEL	
STREET ADDRESS	771 NORMANDY Q	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOROWITZ, PHIL	
STREET ADDRESS	790 NORMANDY Q	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	

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		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINBERGER, LEAH	
STREET ADDRESS	798 NORMANDY Q	
CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JETTER, LORRAINE	
STREET ADDRESS	793 NORMANDY Q	
CITY-ST-ZIP	DELRAY BEACH, FL	
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:**

*Herbert Weinberger President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-29-07**  
Date

Daytime Phone #