

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90328 035 ****61.25

DOCUMENT # 746964

1. Entity Name

NORMANDY T ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP, INC.
6300 PRK OF COMMERCE BLVD
BOCA RATON FL 33487
US

PRIME MANAGEMENT GROUP, INC.
6300 PK 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

4. FEI Number

59-1949883

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WATT, 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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, SELMA 955 NORMANDY T DELRAY BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARON, MILDRED 948 NORMANDY T DELRAY BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENRICH, NETTIE 951 NORMANDY T DELRAY BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD KENT, RUTH 938 NORMANDY T DELRAY BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANCAMP, JEAN 954 NORMANDY T DELRAY BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIBEL, REBA 927 NORMANDY DELRAY BEACH FL	☒ Delete

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

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: *Selma Ross*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02

Date

Daytime Phone #

CR2E037 (9/01)