## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 746964** 

FILED Apr 30, 2009 Secretary of State

Entity Name: NORMANDY T ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-1949883 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NORHANDY, ASSOCIATION INC.

MORMANDY T ASSOCIATION, INC

6300 PARK OF COMMERCE BLVD

HILLEY & WYANT - CORTEZ, P.A

860 U.S HIGHWAY 1

SUITE 108

BOCA RATON, FL 33487 US

SOITE 108

N. PALM BEACH, FL 33408 US

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: PATRICIA HARTLEY 04/30/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 ROSS, SELMA
 Name:
 ROSS, SELMA

 Address:
 955 NORMANDY T
 Address:
 955 NORMANDY T

City-St-Zip: DELRAY BEACH, FL 33484

 Name:
 WALLOS, ARLEEN
 Name:
 WALLOS, ARLEEN

 Address:
 920 NORHANDY T
 Address:
 920 NORHANDY T

City-St-Zip: DELRAY BEACH, FL City-St-Zip: DELRAY BEACH, FL 33484

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ROSS, MORTON
 Name:

 Address:
 955 NORMANDY T
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33484
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FIBEL, REBA
 Name:

 Address:
 927 NORMANDY T
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33484
 City-St-Zip:

 Name:
 KENT, RUTH
 Name:
 SIEHS, GEORGE

 Address:
 933 NORMANDY T
 Address:
 944 NORMANDY T

 City-St-Zip:
 DELRAY BEACH, FL 33484
 City-St-Zip:
 DELRAY BEACH, FL 33484

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MARQULIES, RENEE
 Name:

 Address:
 935 NORMANDY T
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33484
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SELMA ROSS PRES 04/30/2009