

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. McMillam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 746718 (6)  
1. Corporation Name  
**NORMANDY B ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**PRIME MANAGEMENT GROUP, INC.**  
1051 SOUTH ROGERS CIRCLE  
BOCA RATON FL 33487

3. Date Incorporated or Qualified **04/11/1979** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2053339** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**RAIBLE, RONALD**  
6300 Park Commerce Blvd.  
Boca Raton, FL 33487

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SILVESTRI, STAN</b>	1.2 NAME	<b>BLASKO, SY</b>
STREET ADDRESS	<b>NORMANDY B 57</b>	1.3 STREET ADDRESS	<b>90 NORMANDY B</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BLUMBERG, BILL</b>	2.2 NAME	<b>TD</b>
STREET ADDRESS	<b>NORMANDY B 50</b>	2.3 STREET ADDRESS	<b>REMELS, MARV</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	<b>76 NORMANDY B</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WIEDER, IDA</b>	3.2 NAME	<b>SD</b>
STREET ADDRESS	<b>NORMANDY B 89</b>	3.3 STREET ADDRESS	<b>GOLDSTIEN, IDA</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	<b>60 NORMANDY B</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REMELS, MARVIN</b>	4.2 NAME	<b>0000018081307-77</b>
STREET ADDRESS	<b>NORMANDY B 76</b>	4.3 STREET ADDRESS	<b>-05/06/96--01016--001</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	4.4 CITY-ST-ZIP	<b>***183.75</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>POLLACK, STAN</b>	5.2 NAME	<b>DD</b>
STREET ADDRESS	<b>KINGS PT. NORMANDY B 95</b>	5.3 STREET ADDRESS	<b>BLASKO, SANDY,</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	5.4 CITY-ST-ZIP	<b>90 NORMANDY B"</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VICTOR, HELEN</b>	6.2 NAME	<b>DD</b>
STREET ADDRESS	<b>KINGS PT. NORMANDY B 61</b>	6.3 STREET ADDRESS	<b>REMELS, JUDY</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	6.4 CITY-ST-ZIP	<b>76 NORMANDY B</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **3-29-96** DAYTIME PHONE # **9974045**  
SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)