


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746767 (3)
1. Corporation Name
NORMANDY F 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 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US	
21	2. Principal Place of Business	2a	2a. Mailing Address
	Suite, Apt #, etc.		Suite, Apt #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified
04/17/1979

4. FEI Number
59-2004495

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

SWATT, MYRON
6300 PK OF 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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMOWITZ, HARRY	1.2 NAME	
STREET ADDRESS	242 NORMANDY F	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULMAN, MOREY	2.2 NAME	ALTERMAN, Sam
STREET ADDRESS	247 NROMANDY F	2.3 STREET ADDRESS	275 NORMANDY F
CITY-ST-ZIP	DELRAY BCH FL	2.4 CITY-ST-ZIP	Delray Beach, Fla 33484
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERMAN, SYLVIA	3.2 NAME	ELLIOTT, SYLVIA
STREET ADDRESS	270 NORMANDY F	3.3 STREET ADDRESS	244 NORMANDY F
CITY-ST-ZIP	DELRAY BCH FL	3.4 CITY-ST-ZIP	Delray Beach Fla 33484
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOTMAN, JOE	4.2 NAME	SCHULMAN, MOREY
STREET ADDRESS	288 NORMANDY F	4.3 STREET ADDRESS	247 NORMANDY F
CITY-ST-ZIP	DELRAY BCH FL	4.4 CITY-ST-ZIP	Delray Beach Fla 33484
TITLE	DD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTERMAN, SAM	5.2 NAME	GORDON, SOL
STREET ADDRESS	275 NORMANDY F	5.3 STREET ADDRESS	241 NORMANDY F
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	Delray Beach Fla 33484
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIOTT, SYLVIA	6.2 NAME	SEIGEL, ROBERT
STREET ADDRESS	244 NORMANDY F	6.3 STREET ADDRESS	270 NORMANDY F
CITY-ST-ZIP	DELRAY BCH FL	6.4 CITY-ST-ZIP	Delray Beach Fla 33484

14. 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 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/11/98

CR2E037 (10/97)