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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746769 (9)

1. Corporation Name

NORMANDY H ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

3. Date Incorporated or Qualified

04/17/1979

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

BERKOWITZ, JEAN

STREET ADDRESS

KINGS PT. NORMANDY H 344

CITY - ST - ZIP

DELRAY BEACH FL

TITLE

V

☐ DELETE

NAME

BRODSKY, HAROLD

STREET ADDRESS

KINGS PT. NORMANDY H 358

CITY - ST - ZIP

DELRAY BEACH FL

TITLE

S

☒ DELETE

NAME

ROSENBERG, ROSE

STREET ADDRESS

KINGS PT. NORMANDY H 373

CITY - ST - ZIP

DELRAY BEACH FL

TITLE

TD

☐ DELETE

NAME

KAUFMAN, JULIUS

STREET ADDRESS

KINGS PT. NORMANDY H 372

CITY - ST - ZIP

DELRAY BEACH FL

TITLE

D

☒ DELETE

NAME

MACKLOWITZ, ROZ

STREET ADDRESS

KINGS PT. NORMANDY H 382

CITY - ST - ZIP

DELRAY BEACH FL

TITLE

D

☐ DELETE

NAME

REISS, ROSE

STREET ADDRESS

KINGS PT. NORMANDY H 365

CITY - ST - ZIP

DELRAY BEACH FL

1.1 TITLE

S

☒ Change ☐ Addition

1.2 NAME

BERKOWITZ, JEAN

1.3 STREET ADDRESS

344 NORMANDY H

1.4 CITY - ST - ZIP

2.1 TITLE

AGENT

☐ Change ☒ Addition

2.2 NAME

RAIBLE, RONALD

2.3 STREET ADDRESS

6300 PARK OF COMMERCE BLVD.

2.4 CITY - ST - ZIP

BOCA RATON, FL 33487

3.1 TITLE

P

☐ Change ☒ Addition

3.2 NAME

COHEN, LOUIS

3.3 STREET ADDRESS

345 NORMANDY H

4.1 TITLE

600001808216

☐ Change ☐ Addition

4.2 NAME

-05/06/96--01016--007

4.3 STREET ADDRESS

***057.50

4.4 CITY - ST - ZIP

5.1 TITLE

D

☐ Change ☒ Addition

5.2 NAME

GOLDSTEIN, MURRAY

5.3 STREET ADDRESS

356 NORMANDY H

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 changed, or on an attachment with an address.

SIGNATURE:

Julius Kaufman

TYPED NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR

JULIUS KAUFMAN

3-29-96

Date

9974045

Daytime Phone #

CR2E037 (12/95)