


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90114 044 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
|---|---|--|

**DOCUMENT # 746770**

1. Corporation Name

**NORMANDY I ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 **C/O C.A.M.S.**

Suite, Apt. #, etc.

22 **314 NE 3rd Street**

City & State

23 **Boynton Beach FL**

Zip

24 **33435**

Country

25 **US**

2a. Mailing Address

26 **C/O C.A.M.S.**

Suite, Apt. #, etc.

27 **314 NE 3rd Street**

City & State

28 **Boynton Beach FL**

Zip

29 **33435**

Country

30 **US**

3. Date Incorporated or Qualified

**04/17/1979**

4. FEI Number

**59-1981747**

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

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 **Patti Heidler Ladwig P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**12765 W Forest Hill Blvd**

83 **Suite 1317**

84 City **Wellington**

**FL**

85 Zip Code **33414**

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

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | <b>PD</b>              | <input type="checkbox"/> DELETE |
| NAME           | <b>FEINNE, WILLIAM</b> |                                 |
| STREET ADDRESS | <b>391 NORMANDY I</b>  |                                 |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL</b> |                                 |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | <b>V</b>               | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>TUCKER, NATHAN</b>  |  |
| STREET ADDRESS | <b>403 NORMANDY I</b>  |  |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL</b> |  |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | <b>SD</b>              | <input type="checkbox"/> DELETE |
| NAME           | <b>PACILEO, CARMEN</b> |                                 |
| STREET ADDRESS | <b>414 NORMANDY I</b>  |                                 |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL</b> |                                 |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | <b>T</b>               | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>BALBAN, HYMAN</b>   |  |
| STREET ADDRESS | <b>NORMANDY I 413</b>  |  |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL</b> |  |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | <b>DD</b>              | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>LEVINE, HENRY</b>   |  |
| STREET ADDRESS | <b>390 NORMANDY I</b>  |  |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL</b> |  |

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | <b>D</b>                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>PHILLIPS, DOROTHY</b>        |  |
| STREET ADDRESS | <b>KINGS PT. NORMANDY I 424</b> |  |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL</b>          |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                               |  |
|--------------------|-------------------------------|--|
| 1.1 TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>William Feinne</b>         |  |
| 1.3 STREET ADDRESS | <b>391 Normandy I</b>         |  |
| 1.4 CITY-ST-ZIP    | <b>Delray Beach, FL 33484</b> |  |

|                    |                              |  |
|--------------------|------------------------------|--|
| 2.1 TITLE          | <b>PD</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>Sydney Lessin</b>         |  |
| 2.3 STREET ADDRESS | <b>388 Normandy I</b>        |  |
| 2.4 CITY-ST-ZIP    | <b>Delray Beach FL 33484</b> |  |

|                    |  |   |
|--------------------|--|---|
| 3.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |   |
| 3.3 STREET ADDRESS |  |   |
| 3.4 CITY-ST-ZIP    |  |   |

|                    |                               |  |
|--------------------|-------------------------------|--|
| 4.1 TITLE          | <b>VP</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>Herbert Krowitz</b>        |  |
| 4.3 STREET ADDRESS | <b>386 Normandy I</b>         |  |
| 4.4 CITY-ST-ZIP    | <b>Delray Beach, FL 33484</b> |  |

|                    |                               |  |
|--------------------|-------------------------------|--|
| 5.1 TITLE          | <b>T</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>Naomi Gandle</b>           |  |
| 5.3 STREET ADDRESS | <b>390 Normandy I</b>         |  |
| 5.4 CITY-ST-ZIP    | <b>Delray Beach, FL 33484</b> |  |

|                    |                              |  |
|--------------------|------------------------------|--|
| 6.1 TITLE          | <b>D</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | <b>David Pollack</b>         |  |
| 6.3 STREET ADDRESS | <b>394 Normandy I</b>        |  |
| 6.4 CITY-ST-ZIP    | <b>Delray Beach FL 33484</b> |  |

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)