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

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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2. Principal Place of Business 21 <b>10 C.A.M.S.</b> Suite, Apt. #, etc. 22 <b>314 NE 3rd Street</b> City & State 23 <b>Boynton Beach FL</b> Zip Country 24 <b>33435</b> 25 <b>US</b>	2a. Mailing Address 26 <b>10 C.A.M.S.</b> Suite, Apt. #, etc. 27 <b>314 NE 3rd Street</b> City & State 28 <b>Boynton Beach FL</b> Zip Country 29 <b>33435</b> 30 <b>US</b>	3. Date Incorporated or Qualified <b>04/17/1979</b>	4. FEI Number <b>59-1981747</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FEINNE, WILLIAM	
STREET ADDRESS	391 NORMANDY I	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, NATHAN	
STREET ADDRESS	403 NORMANDY I	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PACILEO, CARMEN	
STREET ADDRESS	414 NORMANDY I	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BALBAN, HYMAN	
STREET ADDRESS	NORMANDY I 413	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, HENRY	
STREET ADDRESS	390 NORMANDY I	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, DOROTHY	
STREET ADDRESS	KINGS PT. NORMANDY I 424	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Feinne	
1.3 STREET ADDRESS	391 Normandy I	
1.4 CITY-ST-ZIP	Delray Beach, FL 33484	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sydney Lessin	
2.3 STREET ADDRESS	388 Normandy I	
2.4 CITY-ST-ZIP	Delray Beach FL 33484	
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	V P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Herbert Krowitz	
4.3 STREET ADDRESS	386 Normandy I	
4.4 CITY-ST-ZIP	Delray Beach, FL 33484	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Naomi Gendle	
5.3 STREET ADDRESS	390 Normandy I	
5.4 CITY-ST-ZIP	Delray Beach, FL 33484	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	David Pollack	
6.3 STREET ADDRESS	394 Normandy I	
6.4 CITY-ST-ZIP	Delray Beach FL 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED LESSIN 4/22/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)