

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **746859** (8)
1. Corporation Name
NORMANDY M ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **04/23/1979**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite Apt. #, etc.	26. Suite, Apt. #, etc.	59-1953440	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible taxes under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. Country			

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 85. Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	AGENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAPIRO, ETHEL	1.2 NAME	RAIBLE, RONALD
STREET ADDRESS	KINGS PT. NORMANDY M 586	1.3 STREET ADDRESS	6300 PARK OF COMMERCE BLVD.
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, CHARLES	2.2 NAME	
STREET ADDRESS	NORMANDY M 580	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	700001808187 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHRIBER, RUTH	3.2 NAME	-05/06/96--01016--005
STREET ADDRESS	NORMANDY M 588	3.3 STREET ADDRESS	***857.50
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALB, GEORGE	4.2 NAME	
STREET ADDRESS	KINGS PT. NORMANDY M 821	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEERS, MANNY	5.2 NAME	BRAND, MILTON
STREET ADDRESS	KINGS PT. NORMANDY M 613	5.3 STREET ADDRESS	617 NORMANDY M
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSBACH, SOL	6.2 NAME	ym.m.
STREET ADDRESS	NORMANDY M 614	6.3 STREET ADDRESS	3-14-96
CITY-ST-ZIP	DELRAY BEACH FL	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 attached list with an address.

SIGNATURE: *Ethel Shapiro* **3-29-96** **99740457**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNER DATE PHONE NUMBER

CR2E037 (12/95)