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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address

PRIME MA
1051 SOU
BOCA RAT

PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL. 33487

2. Principi
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 04/23/1979 3a. Date of Last Report 05/01/1996

4. FEI Number 59-1953440 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

81 Nam
82 Stret
83
84 City

SWATT, MYRON
6300 PK OF COMMERCE BLVD
BOCA RATON, FL 33487

FL

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SHAPIRO, ETHEL KINGS PT. NORMANDY M 588 DELRAY BEACH FL	1.1 TITLE	PD SHAPIRO, ETHEL 586 NORMANDY M DELRAY BEACH, FL
NAME	LEVINE, CHARLES NORMANDY M 590 DELRAY BEACH FL	2.1 TITLE	VPD LEVINE, CHARLES 590 NORMANDYM DELRAY BEACH, FL
STREET ADDRESS	SHRIBER, RUTH NORMANDY M 588 DELRAY BEACH FL	2.2 NAME	SD SHRIBER, RUTH 588 NORMANDYM DELRAY BEACH, FL
CITY-ST-ZIP	TD KALB, GEORGE KINGS PT. NORMANDY M 621 DELRAY BEACH FL	2.3 STREET ADDRESS	TD MOSKOVITZ, FRANCIS 579 NORMANDY M DELRAY BEACH, FL
CITY-ST-ZIP	D BRAND, MILTON 617 NORMANDY M DELRAY BCH FL	2.4 CITY-ST-ZIP	DD BRAND, MILTON 617 NORMANDY M DELRAY BEACH, FL
TITLE	D MANSBACH, SOL NORMANDY M 614 DELRAY BEACH FL	3.1 TITLE	DD MANSBACH, SOL 614 NORMANDY M DELRAY BEACH, FL
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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: _____ 3/12/97 499-6592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030662

CR2E037 (9/96)