

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746859 (8)**  
1. Corporation Name  
**NORMANDY M ASSOCIATION, INC.**



Principal Place of Business <b>PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US</b>	Mailing Address <b>PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US</b>
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3. Date Incorporated or Qualified <b>04/23/1979</b>	
4. FEI Number <b>59-1953440</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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  
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 *Ethel Shapiro* DATE **3/11/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAPIRO, ETHEL</b>	
STREET ADDRESS	<b>588 NORMANDY M</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEVINE, CHARLES</b>	
STREET ADDRESS	<b>590 NORMANDY M</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHRIBER, RUTH</b>	
STREET ADDRESS	<b>588 NORMANDY M</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MOSKOVITZ, FRANCIS</b>	
STREET ADDRESS	<b>579 NORMANDY M</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>DD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRAND, MILTON</b>	
STREET ADDRESS	<b>617 NORMANDY M</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	
TITLE	<b>DD</b>	<input type="checkbox"/> DELETE
NAME	<b>MANSBACH, SOL</b>	
STREET ADDRESS	<b>814 NORMANDY M</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VP Brand, Milton</b>
2.3 STREET ADDRESS	<b>617 Normandy m</b>
2.4 CITY-ST-ZIP	<b>Delray Beach, Fla 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D Greenberg, Emily</b>
5.3 STREET ADDRESS	<b>601 Normandy m</b>
5.4 CITY-ST-ZIP	<b>Delray Beach, Fla 33484</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Ethel Shapiro* DATE: **3/11/98**

CR2E037 (10/97)