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Jun 17 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 # 746861.  
1. Corporation Name  
NORMANDY O, ASSOCIATION, INC

Principal Place of Business: Prime Management, 6300 Park of Commerce Blvd, Boca Raton Fla 33407  
Mailing Address: Prime Management, 6300 Park of Commerce Blvd, Boca Raton, Fla 33407

2. Principal Place of Business (21-23), 2a. Mailing Address (26-28), 24. Zip (24-25), 29. Country (29-30)

3. Date incorporated or Qualified, 3a. Date of Last Report, 4. FEI Number (59-1991174), Applied For (Not Applicable), 5. Certificate of Status Desired (\$8.75 Additional Fee Required), 6. Election Campaign Financing (\$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, 10. Name and Address of New Registered Agent (SWATT, MYRON, 6300 Park of Commerce Blvd, Boca Raton, FL 33407)

11. Pursuant to the provisions of Sections 617.1502 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. I am familiar with and accept the regulations of, Section 617.0503, Florida Statutes. SIGNATURE: [Signature] DATE: 6/4/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: Helman, Frances	11 TITLE:	12 NAME:
STREET ADDRESS: 679 Normandy O	CITY-ST-ZIP: Delray Beach, Fla	13 STREET ADDRESS:	14 CITY-ST-ZIP:
TITLE: VD	NAME: NISENMAN, SOI	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 675 Normandy O	CITY-ST-ZIP: Delray Beach, Fla	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: SD	NAME: Hurwitz, Marge	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 713 Normandy O	CITY-ST-ZIP: Delray Beach, Fla	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: PD	NAME: Samberg, Jeanette	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 677 Normandy O	CITY-ST-ZIP: Delray Beach, Fla	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: PD	NAME: Greenman, Mac	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 676 Normandy O	CITY-ST-ZIP: Delray Beach, Fla	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: PD	NAME: Cohen, Hal	6.1 TITLE:	6.2 NAME:
STREET ADDRESS: 717 Normandy O	CITY-ST-ZIP: Delray Beach, Fla	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(6), 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. 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: Frances Helman DATE: 5/1/97

CR2E037 (9/96)