

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746960 (4)

1. Corporation Name

NORMANDY P 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
04/27/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1998803

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24

25

29

30

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

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

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME FRIEDMAN, FRANCES
STREET ADDRESS KINGS PT. NORMANDY P 761
CITY-ST-ZIP DELRAY BCH FL

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

AGENT
RAIBLE, RONALD
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487

Change Addition

TITLE V
NAME ROSLOFF, CLAIRE
STREET ADDRESS 738 NORMANDY P
CITY-ST-ZIP DELRAY BCH FL

DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Change Addition

TITLE S
NAME ZUMOFF, NAT
STREET ADDRESS 736 NORMANDY P
CITY-ST-ZIP DELRAY BCH FL

DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

TITLE TD
NAME MEDBERG, ELAINE
STREET ADDRESS 748 NORMANDY P
CITY-ST-ZIP DELRAY BCH FL

DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change Addition

TITLE D
NAME WEISS, LEE
STREET ADDRESS 741 NORMANDY P
CITY-ST-ZIP DELRAY BCH FL

DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

TITLE D
NAME HORBACH, IDA
STREET ADDRESS 740 NORMANDY P
CITY-ST-ZIP DELRAY BEACH FL

DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

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 attachment with an address

SIGNATURE:

Frances Friedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96

997404

CR2E037 (12/95)