

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 # 746963 (8)

1. Corporation Name

NORMANDY S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

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

59-1951431

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME COHEN, DAVID
STREET ADDRESS KINGS PT NORMANDY 883
CITY-ST-ZIP DELRAY BEACH FL

AGENT ☐ Change ☒ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
AGENT
RAIBLE, RONALD
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487

TITLE ☐ DELETE

V
NAME GOLDMAN, LEONARD
STREET ADDRESS KINGS PT NORMANDY 874
CITY-ST-ZIP DELRAY BEACH FL

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
D
GOLDMAN, LEONARD
874 NORMANDY S

TITLE ☐ DELETE

S
NAME WILD, MAX
STREET ADDRESS 881 NORMANDY S
CITY-ST-ZIP DELRAY BEACH FL

31 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
T
WILD, MAX
881 NORMANDY S

TITLE ☒ DELETE

TD
NAME KARGER, JACK
STREET ADDRESS KINGS PT NORMANDY S 905
CITY-ST-ZIP DELRAY BEACH FL

41 TITLE ☐ Change ☒ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
S
ROGOFF, TESS
879 NORMANDY S

TITLE ☐ DELETE

D
NAME JAFFES SID
STREET ADDRESS 890 NORMANDY S
CITY-ST-ZIP DELRAY BEACH FL

51 TITLE ☒ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
V
JOFFE, SIDNEY
890 NORMANDY S

TITLE ☐ DELETE

D
NAME SINGER, HORTENSE
STREET ADDRESS KINGS PT. NORMANDY S 898
CITY-ST-ZIP DELRAY BEACH FL

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
3000018082134777
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***857.50
3-14-96

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:

Signature and typed or printed name of signing officer or director

Date

Day, Time, Phone #

3-29-96

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