

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746963** (8)

1. Corporation Name  
**NORMANDY S ASSOCIATION, INC.**



Principal Place of Business <b>PRIME MANAGEMENT GROUP, INC. 1001 SOUTH ROGERS CIRCLE BOCA RATON FL 33487</b>	Mailing Address <b>PRIME MANAGEMENT GROUP, INC. 1001 SOUTH ROGERS CIRCLE BOCA RATON FL 33487-2816</b>
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2. Principal Place of Business <b>6300 park OF Commerce Blvd</b>	2a. Mailing Address <b>PRIME MGMT. GROUP, INC. 6300 PRK. OF COMMERCE BLVD BOCA RATON, FL. 33487</b>
21. Suite, Apt. #, etc.	
22. City & State	
23. Zip	
24. Country	

3. Date Incorporated or Qualified <b>04/27/1979</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1951431</b>	Applied For <input type="checkbox"/> Not Applicable
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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RAIBLE, RONALD 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487</b>	
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10. Name and Address of New Registered Agent <b>SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487</b>	
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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 \_\_\_\_\_ DATE **3/12/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	COHEN, DAVID	
STREET ADDRESS	KINGS PT. NORMANDY 883	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDMAN, LEONARD	
STREET ADDRESS	874 NORMANDY S	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILD, MAX	
STREET ADDRESS	881 NORMANDY S	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROGOFF, TESS	
STREET ADDRESS	879 NORMANDY S	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JAFFES SID	
STREET ADDRESS	890 NORMANDY S	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SINGER, HORTENSE	
STREET ADDRESS	KINGS PT. NORMANDY S 898	
CITY-ST-ZIP	DELRAY BEACH FL	

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 type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Rogoff, Tess</b>	
3.3 STREET ADDRESS	<b>879 Normandy S</b>	
3.4 CITY-ST-ZIP	<b>Delray Beach Fla</b>	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: \_\_\_\_\_ DATE **3-12-97** **Secretary Treas.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0039777

CFR2E037 (9/96)