

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746963 (8)

1. Corporation Name
NORMANDY S ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US		PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US	
21	2. Principal Place of Business	2a	2a. Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	04/27/1979
4. FEI Number	59-1951431
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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
85	Zip Code

FL

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]* DATE: _____

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 checked="" type="checkbox"/> DELETE
NAME	GOLDMAN, LEONARD	
STREET ADDRESS	874 NORMANDY S	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROGOFF, TESS	
STREET ADDRESS	879 NORMANDY S	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Addition
2.2 NAME	Brambir, Milton
2.3 STREET ADDRESS	885 NORMANDYS
2.4 CITY-ST-ZIP	DELRAY BEACH FL 33484
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Feldman, ELAYNE
3.3 STREET ADDRESS	876 NORMANDY S
3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SINGER, HORTY
4.3 STREET ADDRESS	898 NORMANDYS
4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484
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 checked="" type="checkbox"/> Addition
6.2 NAME	Levy, JACLYN
6.3 STREET ADDRESS	809 NORMANDYS
6.4 CITY-ST-ZIP	DELRAY BEACH FL 33484

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *[Signature]* 3/11/98

CR2E037 (10/97)