

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER A. WATKINS
TALLAHASSEE, FLORIDA 32399-0001
(904) 412-1000

FILED
SECRETARY OF STATE
CORPORATIONS

95 MAY -1 AM 11:48

DOCUMENT # 746721

(0)

NORMANDY E ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

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 04/11/1979	3a. Date of Last Report 03/24/1994
4. FEI Number 59-2015076	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite Apt # etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite Apt # etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
DELRAY BEACH 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

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P GOLDBERG, DORIS KINGS PT. NORMANDY E 215 DELRAY BEACH FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V SELTZER, HAROLD KINGS PT. NORMANDY E 255 DELRAY BEACH FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S TEMKIN, SARAH KINGS PT. NORMANDY E 224 DELRAY BEACH FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TD FEUER, TEDDY KINGS PT. NORMANDY E 205 DELRAY BEACH FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D COHEN, MANNY NORMANDY E 197 DELRAY BEACH FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D OSIT, ELINOR NORMANDY 3 198 DELRAY BEACH FL	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 true and ready for the registration stated in Sections 110.01(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 person or persons empowered to execute this report as required by Chapter 117, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/95 498-9063