FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:48

DOCUMENT # **746767** **(3)**

1. Corporate Name

NORMANDY F 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: **04/17/1979**
3a. Date of Last Report: **03/24/1994**
4. FEI Number: **59-2004495** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 '95	
11 TITLE	P	11 TITLE	☑ Change ☐ Addition
12 NAME	LUSCHER, BERNARD	12 NAME	Abramowitz, Harry
13 STREET ADDRESS	NORMANDY F 245	13 STREET ADDRESS	242 Normandy F
14 CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP	Delray Bch. FL 33484
21 TITLE	V	21 TITLE	☑ Change ☐ Addition
22 NAME	SCHULMAN, MOREY	22 NAME	Buhzes, Irving
23 STREET ADDRESS	NORMANDY F 247	23 STREET ADDRESS	250 Normandy F
24 CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP	Delray Bch. FL 33484
31 TITLE	S	31 TITLE	☑ Change ☐ Addition
32 NAME	ELLIOTT, SYLVIA	32 NAME	Cuitt, Fran
33 STREET ADDRESS	KINGS PT. NORMANDY F 244	33 STREET ADDRESS	244 Normandy F
34 CITY ST ZIP	DELRAY BEACH FL	34 CITY ST ZIP	Delray Bch. FL 33484
41 TITLE	T	41 TITLE	☑ Change ☐ Addition
42 NAME	LOTMAN, JOSEPH	42 NAME	Halakott, Meyer
43 STREET ADDRESS	NORMANDY F 288	43 STREET ADDRESS	248 Normandy F
44 CITY ST ZIP	DELRAY BEACH FL	44 CITY ST ZIP	Delray Bch. FL 33484
51 TITLE	D	51 TITLE	☐ Change ☐ Addition
52 NAME	OVITSKY, FAY	52 NAME	
53 STREET ADDRESS	KINGS PT. NORMANDY F 272	53 STREET ADDRESS	
54 CITY ST ZIP	DELARY BEACH FL	54 CITY ST ZIP	
61 TITLE	D	61 TITLE	☑ Change ☐ Addition
62 NAME	ABRAMOWITZ, HARRY	62 NAME	Gordon, Sol
63 STREET ADDRESS	NORMANDY F 242	63 STREET ADDRESS	241 Normandy F
64 CITY ST ZIP	DELRAY BEACH FL	64 CITY ST ZIP	Delray Bch. FL 33484

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)(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 added on an attachment with an address.

SIGNATURE: Harry Abramowitz 3/13/95 1-407 495-8206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013832