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

CORPORATION
ANNUAL REPORT
**1995**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:48

DOCUMENT # **746769** **(9)**

1. Current Name

**NORMANDY H ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| PRIME MANAGEMENT GROUP INC<br>1051 SOUTH ROGERS CIRCLE<br>BOCA RATON FL 33487 | PRIME MANAGEMENT GROUP INC<br>1051 SOUTH ROGERS CIRCLE<br>BOCA RATON FL 33487 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/17/1979**
3a. Date of Last Report: **03/24/1994**
4. FEI Number: **59-1991175** ☐ 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.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip<br>24 | Country<br>25 |
| Zip<br>29 | Country<br>30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| RAIBLE, RONALD<br>1051 SOUTH ROGERS CIRCLE<br>BOCA RATON FL 33487 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Section 607.0502 and 607.1908, 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: _____ (If changing Registered Agent, Registered Agent must sign in previous section) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 12 TITLE | P | 13 TITLE | ☐ Change ☐ Addition |
| 12 NAME | BERKOWITZ, JEAN | 13 NAME | |
| 12 STREET ADDRESS | KINGS PT. NORMANDY H 344 | 13 STREET ADDRESS | |
| 12 CITY ST ZIP | DELRAY BEACH FL | 13 CITY ST ZIP | |
| 12 TITLE | V | 23 TITLE | ☐ Change ☐ Addition |
| 12 NAME | BRODSKY, HAROLD | 23 NAME | |
| 12 STREET ADDRESS | KINGS PT. NORMANDY H 358 | 23 STREET ADDRESS | |
| 12 CITY ST ZIP | DELRAY BEACH FL | 23 CITY ST ZIP | |
| 12 TITLE | S | 33 TITLE | ☐ Change ☐ Addition |
| 12 NAME | ROSENBERG, ROSE | 33 NAME | |
| 12 STREET ADDRESS | KINGS PT. NORMANDY H 373 | 33 STREET ADDRESS | |
| 12 CITY ST ZIP | DELRAY BEACH FL | 33 CITY ST ZIP | |
| 12 TITLE | TD | 43 TITLE | ☐ Change ☐ Addition |
| 12 NAME | KAUFMAN, JULIUS | 43 NAME | |
| 12 STREET ADDRESS | KINGS PT. NORMANDY H 372 | 43 STREET ADDRESS | |
| 12 CITY ST ZIP | DELRAY BEACH FL | 43 CITY ST ZIP | |
| 12 TITLE | D | 53 TITLE | ☐ Change ☐ Addition |
| 12 NAME | MACKLOWITZ, ROZ | 53 NAME | |
| 12 STREET ADDRESS | KINGS PT. NORMANDY H 382 | 53 STREET ADDRESS | |
| 12 CITY ST ZIP | DELRAY BEACH FL | 53 CITY ST ZIP | |
| 12 TITLE | D | 63 TITLE | ☐ Change ☐ Addition |
| 12 NAME | REISS, ROSE | 63 NAME | |
| 12 STREET ADDRESS | KINGS PT. NORMANDY H 365 | 63 STREET ADDRESS | |
| 12 CITY ST ZIP | DELRAY BEACH FL | 63 CITY ST ZIP | |

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 on an attachment with an address.

**SIGNATURE:** _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Typed Name

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