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 # **746861** **(4)**

1. Corporation Name

NORMANDY O ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/23/1979	3a. Date of Last Report 03/24/1994
4. FEI Number 59-1991174	☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HELMAN, FRANCES KINGS POINT PHASE III DELRAY BEACH FL 33445 →	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 674 Normandy O 84 City FL 85 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 ______ DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1 1 TITLE	☐ Change ☐ Addition
NAME	HELMAN, FRANCES	1 2 NAME	
STREET ADDRESS	KINGS PT. NORMANDY O 679	1 3 STREET ADDRESS	✓
CITY ST ZIP	DELRAY BEACH FL	1 4 CITY ST ZIP	
TITLE	V	2 1 TITLE	☑ Change ☐ Addition
NAME	FREEMAN, MAC	2 2 NAME	Nissenbaum, Sol
STREET ADDRESS	KINGS PT. NORMANDY O 676	2 3 STREET ADDRESS	675 Normandy O
CITY ST ZIP	DELRAY BEACH FL	2 4 CITY ST ZIP	Delray Bch, FL 33484
TITLE	S	3 1 TITLE	☐ Change ☐ Addition
NAME	HURWITZ, MARGE	3 2 NAME	
STREET ADDRESS	KINGS PT. NORMANDY O 713	3 3 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	3 4 CITY ST ZIP	
TITLE	TD	4 1 TITLE	☐ Change ☐ Addition
NAME	CORUSH, SYDNEY	4 2 NAME	
STREET ADDRESS	KINGS PT NORMANDY 705	4 3 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	4 4 CITY ST ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	ACKERMAN, RUTH	5 2 NAME	
STREET ADDRESS	KINGS PT. NORMANDY O 700	5 3 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	5 4 CITY ST ZIP	
TITLE	D	6 1 TITLE	☐ Change ☐ Addition
NAME	COHEN, HAROLD	6 2 NAME	
STREET ADDRESS	KINGS PT. NORMANDY O 717	6 3 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	6 4 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)(k), 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 the 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: Frances Helman FRANCES HELMAN Pres 3-8-95 499-1346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #