

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746859 (8)

1. Corporation Name

NORMANDY M ASSOCIATION, INC.

Principal Place of Business

PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

Mailing Address

PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487



3. Date Incorporated or Qualified

04/23/1979

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1953440

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

8. This corporation has liability for intangible under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

P SHAPIRO, ETHEL
KINGS PT. NORMANDY M 586
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

V LEVINE, CHARLES
NORMANDY M 580
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

S SHRIBER, RUTH
NORMANDY M 588
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TD KALB, GEORGE
KINGS PT. NORMANDY M 821
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D BEERS, MANNY
KINGS PT. NORMANDY M 613
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D MANSBACH, SOL
NORMANDY M 614
DELRAY BEACH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

AGENT
RAIBLE, RONALD
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

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5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

D BRAND, MILTON
617 NORMANDY M

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY - ST - ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY - ST - ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 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)(g), 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 attached sheet with an address.

SIGNATURE:

Ethel Shapiro
BIG, BLACK AND THICK ON PRINTED NAME OF SIGNATURE

3-29-96

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