FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

743713

(0)

NORMANDY A ASSOCIATION, INC.												
Principal Place of Business Mailing Address									1854 285 185			
PRIME MANAGEMENT GROUP INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487				PRIME MANAGEMENT GROUP INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487								
A Division (D)									3. Date Incorporated or Qualified 07/25/1978	d 3a. Date of Last Report 05/01/1995		
Principal Place of Business			2a 26	2a. Mailing Address 26					4. FEI Number 59-1892549		\rightarrow	Applied For Not Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.					5. Certificate of Status Desired		•	Additional Required
City & State				City & State					6. Election Campaign Financing			O May Be
23 Zip	ip Country		28	· 					Trust Fund Contribution	Added to Fees		
24		25	29	ΣΙΡ	30	untry		Ì	This corporation has liability for in: Florida Statutes	tangible ∖t ay Yes ⊡N		199.032,
	9. Nam	e and Address of Currer		stered Agent	[00]	T			10. Name and Address of New Re-			
						81	Name	•				
RAIBLE, RONALD							<u> </u>	And a	- (D.O. D N	,		
1051 SOUTH ROGERS CIRCLE						82 Street Addin			s (P.O. Box Number is Not Acceptable	1		
BOCA RATON FL 33487						83	·····					
						84	City				7	
							- 7			FL		o Code
11. Pur	sions of Sections 617,0502 or both, in the State of Florid	and 61	7.1508, Florida Statuti	es, the abo	ove r	named co	rporatio	on submits this statement for the purpo	ose of chan	ging its r	egistered office	
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.												agent. I am
SIGNATURE												
12.	Signature, type	d or printed name of registered agent OFFICERS AN				1 Agen	it syrulure re	qured w	nëri reinstatingi	DATE	······	
TITLE	P	OFFICERS ANI	J DIREC	DELETE	13.	ITI C	I		ADDITIONS/CHANGES TO OFFIC			
NAME	1 .	DU HYDDA		A Decert	111				AGENT	L] Change	Addition
	IME SHAPIRO, HARRY REET ADDRESS KINGS PT. MONACO A 23			1.2 NAM 1.3 STRE			ADDOSEE	RAIBLE, RONALD				
CITY-ST-Z		Y BEACH FL				ITEE I			6300 PARK OF COM		BLV	'D.
TITLE	V	T DESTOTTE		DELETE	2.1 T		11 · ZIF		BOCA RATON, FL 3	3487	Change	Addition
NAME	PAGLI	A, VINCENT			221			P	CLTA VINGENO	A-7	Contings	
STREET AD		ANDY A 45				-	ADDRESS		GLIA, VINCENT NORMANDY A			
CITY-ST-Z	I	Y BEACH FL			1		ST - ZIP	45	NORMANDI A			
TIFLE	S			DELETE		ITLE					Change	Addition
NAME	BRENI	NER, HERBERT		A	3 2 N	AME	1	D LF	VY, ABE	_	2	A.V.
STREET AD	ORESS NORM	ANDY A 21			335	TREFT	ADDRESS		NORMANDY A			
CITY-ST-Z	DELRA	Y BEACH FL			34 0	ITY - S	ST - 7IP	50	NORMANDI A			
TITLE	T			DELETE	4 1 T	TLE					Change	Addition
NAME		er, sonia			4 2 1	IAME			60000180 -05/06/960101	#ZZ	EM	n m
STREET ADO		PT. NOMANDY A 31			435	TAEET	ADDRESS		**************************************	P11()	1 2	14-96
CITY-ST-Z		Y BEACH FL		F-1		TY-S	T - Z IP		***857.50	*****		
TITLE	D	A 41 POPOLE		DELETE	5 1 Ti			v		(3)	Change	☐ Addition
NAME		MURRY			5 2 N				TT, MURRY			
STREET ADO		ANDY A 46					ADDRESS	46	NORMANDY A			
CITY-ST-Z	IP DELHA	Y BEACH FL		DELETE		ITY-S	1 - 21P					
NAME	T	ED ADTHIND		Marrete	617			S		XX	Change	Addition
STREET ADD		er, arthur Pt. Normandy a 48			62 N		1000000		ITTER, ARTHUR			
CITY-ST-Z		Y BEACH FL					ADDRESS	48	NORMANDY A			
	hereby certify that	t the information supplied v	vith this	filing is voluntarily furni	ished and	does	s not quali	ify for t	he exemption stated in Section 119.07	(3)(k), Elorid	la Statute	es Lifurther

10 on Person Centry 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 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:

Unificial Distriction Statutes of the corporation of the corporation of 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:

Date Dayton Distriction Statutes I further certify for the exemption stated in Section 119 07(3)(k), Florida Statutes I further certify for the exemption stated in Section 119 07(3)(k), Florida Statutes I further certify for the exemption stated in Section 119 07(3)(k), Florida Statutes I further certify for the exemption stated in Section 119 07(3)(k), Florida Statutes I further certify for the exemption stated in Section 119 07(3)(k), Florida Statutes I further certify for the exemption stated in Section 119 07(3)(k), Florida Statutes I further certify for the exemption stated in Section 119 07(3)(k), Florida Statutes I further certify for the certific provided in Section 119 07(3)(k), Florida Statutes I further certify for the exemption stated in Section 119 07(3)(k), Florida Statutes I further certification in Section 119 07(3)(k), Florida Statutes I further certification in Section 119 07(3)(k), Florida Statutes I further certification in Section 119 07(3)(k), Florida Statutes I further certification in Section 119 07(3)(k), Florida Statutes I further certification I further certification