

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 743713 (0)

1. Corporation Name

NORMANDY A 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

3. Date Incorporated or Qualified

07/25/1978

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☒ DELETE

NAME

SHAPIRO, HARRY
KINGS PT. MONACO A 23
DELRAY BEACH FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

V

☐ DELETE

NAME

PAGLIA, VINCENT
NORMANDY A 45
DELRAY BEACH FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

S

☒ DELETE

NAME

BRENNER, HERBERT
NORMANDY A 21
DELRAY BEACH FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

T

☐ DELETE

NAME

KWITTER, SONIA
KINGS PT. NOMANDY A 31
DELRAY BEACH FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

KOTT, MURRY
NORMANDY A 46
DELRAY BEACH FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

KWITTER, ARTHUR
KINGS PT. NORMANDY A 48
DELRAY BEACH FL

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

AGENT

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

P

PAGLIA, VINCENT
45 NORMANDY A

D

LEVY, ABE
36 NORMANDY A

V

KOTT, MURRY
46 NORMANDY A

S

KWITTER, ARTHUR
48 NORMANDY A

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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 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:

Vincent Paglia
Vincent Paglia

REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-96

9974045

CR2E037 (12/95)