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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746719** (4)

1. Corporation Name

NORMANDY C ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP, INC.

~~1051 SOUTH ROGERS CIRCLE~~
BOCA RATON FL 33487

*6300 Park of
Commerce Blvd*

PRIME MANAGEMENT GROUP, INC.

~~1051 SOUTH ROGERS CIRCLE~~
BOCA RATON FL 33487-2816



2. Principal Place of Business

21 Suite, Apt. #, etc

**PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL. 33487**

22 City & State

23 Zip

24 Country

25 Country

26 Zip

27 Country

9. Name and Address of Current Registered Agent

**RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487**

3. Date Incorporated or Qualified

04/11/1979

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2015075

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 tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street

83 City

84 State

**SWATT, MYRON
6300 PK OF COMMERCE BLVD
BOCA RATON, FL 33487**

FL

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/4/97

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **COGAN, EDITH**
STREET ADDRESS **KINGS PT. NORMANDY C 130**
CITY - ST - ZIP **DELRAY BEACH FL**

TITLE **V** ☐ DELETE

NAME **SOLOMON, IRVING**
STREET ADDRESS **97 NORMANDY C**
CITY - ST - ZIP **DELRAY BEACH FL**

TITLE **S** ☐ DELETE

NAME **VOLKES, RENEE**
STREET ADDRESS **104 NORMANDY C**
CITY - ST - ZIP **DELRAY BEACH FL**

TITLE **TD** ☐ DELETE

NAME **COGAN, AL**
STREET ADDRESS **KINGS PT. NORMANDY C 130**
CITY - ST - ZIP **DELRAY BEACH FL**

TITLE **D** ☐ DELETE

NAME **WEINBERG, JOE**
STREET ADDRESS **115 NORMANDY C**
CITY - ST - ZIP **DELRAY BEACH FL**

TITLE **D** ☐ DELETE

NAME **GLADSTEIN, IRENE**
STREET ADDRESS **NORMANDY C 119**
CITY - ST - ZIP **DELRAY BCH. FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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: *Edith Cogan* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

561-499-8931

CR2E037 (9/96)