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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746719

(4)

NORMANDY C ASSOCIATION, INC.

2. Principal Place of " 2. Principal Place of " 2. Street, etc. of So. O. P.K. UF. CUMMERCE BLVD  City & State  2. Country  2. Country  2. Country  2. Country  3. Election Campaign Financing Trust Fund Contribution  Trust Fund Contribution  2. Country  3. Election Campaign Financing Trust Fund Contribution  To. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617.050 and 617.1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of othe office or registered agent, or both in physical or registered agent, or both in physical Sucher Funds. Sucher Funds. Sucher Funds. Such Purpose of Cherological Such Purpose Office of Registered agent, or both in physical Sucher Funds. S	D R
BOCA RATON FL 33487  Commerce Give  2. Principal Place of Control Suite. Apt. W. etc. PK I ME MG MT . GROUP . INC .  22. Principal Place of College Give Give Give Give Give Give Give Giv	01/1996 Applied For Not Applicable 8.75 Additional Fee Regulred 85.00 May Be Added to Fees under s. 199.032, ont
2. Principal Place of Part	01/1996 Applied For Not Applicable 8.75 Additional Fee Regulred 85.00 May Be Added to Fees under s. 199.032, ont
2. Principal Place of Parameter Sections of Sections 617.0562 and 617.1508. Floridar Statutes. the above-named corporation submits this statement for the purpose of chief of registered agent. or bothy in 117.0562 and 617.0503. Floridar Statutes.  2. Signature  3. A. Fel Number  5. Certificate of Status Desired  6. Election Campaign Financing  7. Trust Fund Contribution  7. Trust Fund Contribution  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617.0562 and 617.1508. Floridar Statutes, the above-named corporation submits this statement for the purpose of chief office or registered agent, or bothy in 117.0562 and 617.0503. Floridar Statutes.  2. Signature  3. Signature  3. Signature  3. ADDITIONS/CHANGES TO OFFICERS AND DIFFICE STAND DIFFICE STAN	Applied For Not Applicable 8.75 Additional Fee Required 85.00 May Be Added to Fees under s. 199.032, ont
Solice Apt. #, etc. PRIME MGMT CROUP INC.  22   25   20   30   30   5. Certificate of Status Desired   23    Zip   21   25   29   30   5. Certificate of Status Desired   24    RABBLE, RONALD 1051 SOUTH ROGERS CIRCLE BUYD 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487  RABBLE, RONALD 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487  11. Pursuant to the provisions of Sections 617.05s and 617.150s, Florida-Statutes, the beginning was authorized by the corporation submits this statement for the purpose of che office or registered agent, or botyl in 10.35 south confine was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of che office or registered agent, or botyl in 10.55 south office or registered Agent agent. I am familiar with, and accept in 10.55 south of the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE  Signature, byed or premodurate flat and set applicable (NOTE Registered Agent algorithment agent) in 10. Name and Address of New Registered Agent of the purpose of che office or registered agent, or botyl in 10.55 south of the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE  Signature, byed or premodurate flat and set applicable (NOTE Registered Agent algorithment and set applicable (NOTE Registered Agent algorithment and set applicable (NOTE Registered Agent algorithment required when remarking)  12. OFFICERS AND DIFFICERS AND DIFFI	Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees under s. 199.032, b.
23 Zip	Fee Required  \$5.00 May Be Added to Fees under s. 199.032, o ht
23 Zip	Added to Fees under s. 199.032, 0 nt
28	D R
9. Name and Address of Current Registered Agent  RAIBLE, RONALD  1051 SOUTH ROGERS CIRCLE  BOCA RATON FL 33487  82 Siree  BUCA RATON, FL 33487  84 City  11. Pursuant to the provisions of Sections 617.050 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chargents agent. I am familiar with, and agreefy? I signature agent of provided Such penings was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of chargen was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of chargen was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of chargen was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of chargen was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of chargen was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of chargen was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of chargen was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of chargen was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of chargen was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of chargen was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of chargen was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of chargen was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of chargen was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of the corporation's board of directors. I hereby accept the a	
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RAIBLE, RONALD  1051 SOUTH ROGERS CIRCLE  BOCA RATON FL 33487  24 City  11. Pursuant to the provisions of Sections 617.05s and 617.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of characteristic or registered agent, or botty in process of Nicrical Such change was authorized by the corporation's board of directors. I hereby accept the appoint signature.  SIGNATURE    Signature   P	nging its registered ent as registered
11. Pursuant to the provisions of Sections 617.052 and 17.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic of registered agent, or botty in this 3/t/3 of Norida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of characteristic of the purpose of characteristic of the corporation's board of directors. I hereby accept the appointment of the purpose of characteristic of the corporation's board of directors. I hereby accept the appointment of the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or puniedware to the provision of the purpose of characteristic of the purpose of characteristics.  SIGNATURE  P  OFFICERS AND DELETE 11.1 TITLE  1.1 TITLE  P  OFFICERS AND DELETE 1.1 TITLE  1.2 NAME  SIG	nging its registered ent as registered
Signature, typed or printed hame   signature   sept and   or applicable.   (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIFFICE   1.1 Title   P.D.    NAME   COGAN, EDITH   1.2 NAME    STREET ADDRESS   CITY-ST-ZIP   DELRAY BEACH FL   DELETE   2.1 TITLE    NAME   SOLOMON, IRVING   2.2 NAME    STREET ADDRESS   GITY-ST-ZIP   DELRAY BEACH FL   2.3 STREET ADDRESS    CITY-ST-ZIP   DELRAY BEACH FL   3.1 TITLE   0.1 MAME   VOLKES, RENEE   3.2 NAME   3.2 NAME   3.3	I nging its registered ent as registered
Signature, typed or printed hame   shiftered poor and   or if applicable.   (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIF  ITILE  NAME  COGAN, EDITH  KINGS PT. NORMANDY C 130  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  V	ent as registered
Signature, typed or printed hame   signature   sept and   or applicable.   (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIFFICE   1.1 Title   P.D.    NAME   COGAN, EDITH   1.2 NAME    STREET ADDRESS   CITY-ST-ZIP   DELRAY BEACH FL   DELETE   2.1 TITLE    NAME   SOLOMON, IRVING   2.2 NAME    STREET ADDRESS   GITY-ST-ZIP   DELRAY BEACH FL   2.3 STREET ADDRESS    CITY-ST-ZIP   DELRAY BEACH FL   3.1 TITLE   0.1 MAME   VOLKES, RENEE   3.2 NAME   3.2 NAME   3.3	7
12. OFFCERS AND DRECTORS  TITLE NAME COGAN, EDITH STREET ADDRESS CITY-ST-ZIP TITLE V DELRAY BEACH FL DELETE 1.1 TITLE V DELETE 1.2 NAME SOLOMON, IRVING STREET ADDRESS CITY-ST-ZIP TITLE V DELRAY BEACH FL DELETE 2.1 TITLE SOLOMON, IRVING 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE SOLOMON, IRVING 3.3 STREET ADDRESS CITY-ST-ZIP TITLE S DELRAY BEACH FL DELETE 3.1 TITLE NAME VOLKES, RENEE	
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OTT OT TO DEI DAY BEACH EI	
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NAME OF ADOLUM	hange 🔲 Addition
CIDICA MODULANDA C 440	
OLL ST DO DEI DAY BOU EI	
14. I do hereby certify that the information cumplied with this filling does not could be all.	;
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 my appears in Block 12 or Block 13 if changed, or on an attachment with an address.	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97 561-499-84

**FILED** 

May 19 1997 8:00am

Secretary of State