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May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33487PRIME MANAGEMENT GROUP INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487-2816

2. Principal Place of Business

3. Mailing Address

21 Suite, Apt. #, etc. PRIME MGMT. GROUP, INC.
22 6300 PRK. OF COMMERCE BLVD
City & State BOCA RATON, FL 33487
23 Zip
24 25 29 303. Date Incorporated or Qualified
07/25/19783a. Date of Last Report
05/01/19964. FEI Number
59-1892549Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

83

84 City

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
D	LEVY, ABE	36 NORMANDY A	DELRAY BCH	<input checked="" type="checkbox"/>
P	PAGLIA, VINCENT	45 NORMANDY A	DELRAY BEACH FL	<input checked="" type="checkbox"/>
T	KWITTER, SONIA	KINGS PT. NOMANDY A 31	DELRAY BEACH FL	<input checked="" type="checkbox"/>
VD	KOTT, MURRY	46 NORMANDY A	DELRAY BEACH FL	<input checked="" type="checkbox"/>
SD	KWITTER, ARTHUR	48 NORMANDY A	DELRAY BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DD	2lec			<input type="checkbox"/>	<input type="checkbox"/>
PA	Wilk, Belle	82 Normandy A	Delray Beach, Fla	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Shapiro, Edna	31 Normandy A	Delray Beach Fla	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Ehrlich, David	1 Normandy A	Delray Beach Fla	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SB	Shapiro, Edna	31 Normandy A	Delray Beach Fla	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 003977

CR2E037 (9/96)