## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

(3)

NORMANDY F ASSOCIATION, INC.

## **FILED** Apr 23 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					ı nediki badık gudur dibili delin dibili budu buduk dibili dibili budir bidik iddi.	
PRIME MANAGEMENT GROUP.INC PRIME MANAGEI			GROUP INC		9. Data languaged or Qualified	
	COMMERCE BLVD	6300 PRK OF COMMERCE			3. Date Incorporated or Qualified 04/17/1979	
BOCA RATON	FL 33487	BOCA RATON FL 33487			4. FEI Number Applied For	
03		US			59-2004495 Not Applicable	
2. Principal F	Place of Business	2a. Mailing Address			E9 75 Additional	
21		26			5. Certificate of Status Desired Fee Required	
			Apt. #, etc.		Election Campaign Financing \$5.00 May Be	
22		27	00.00		Trust Fund Contribution Added to Fees	
City & Stai	( <del>0</del>	City & State	<b>⊢</b> ′		7. Is this nonprofit corporation a homeowners association?	
Zip Country			Zip Country		Yes No	
24	25	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ANO	
	9. Name and Address of Cu		[30]		10. Name and Address of New Registered Agent	
				1 Name		
SWATT.	MYRON		l.	2 Stron	t Address (B.O. Boy Alumber is Not Assemble)	
6300 PK OF COMMERCE BLVD			'	82 Street Address (P.O. Box Number is Not Acceptable)		
	RATON FL 33487		1	13		
				4 City	85 Zip Code	
					<b>FL</b> i i ' !	
11. Pursuant to the provisions of Sections 917.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered meets, 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 family the obligations of, Section 617.0503, Florida Statutes.						
agent. I am jumility year, any agree of the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE ///////						
12.		agent and trie if applicable (NOT AND DIRECTORS	E Registered	Agent signatu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/ STICENS	DELETE	1.1 1170		Change Addition	
NAME	ABRAMOWITZ, HARRY		1.2 NAA			
STREET ADDRESS	242 NORMANDY F			- Et address		
CITY-ST-ZIP	DELRAY BEACH FL	. /	1.4 C(T)	-ST-ZIP		
TITLE	V	DELETE	2.1 T/TL		Change Addition	
NAME	SCHULMAN, MOREY	·	2.2 NAN	E	AITERMAN, Sam 275 Norma Nay F	
STREET ADDRESS	247 NROMANDY F		2.3 STR	ET ADDRESS	275 140111 101404	
CITY-ST-ZIP	DELRAY BCH FL		2. 4 CIT	-ST-ZIP	Welray Beach, Ma 33484	
TITLE	I	DELETE	3.1 TITL	ŧ	Change A Addition	
NAME	BERMAN, SYLVIA	-	3.2 NAN	_	ELLIOITIOTE	
STREET ADDRESS	270 NORMANDY F			ET ADDRESS	Delray Brach, Fla 33484  ELLIOTT, SYLVIA  JUY NOTMANDY F  DELIVOY BEACH Ha 33484	
CITY-ST-ZIP	DELRAY BCH FL	No. Company		'-ST-ZIP	WE IMUY BEACH HA 33484	
TITLE	D D	DELETE	4.1 TITL		Change Addition	
NAME CZDCCZ ADDDCCC	LOTMAN, JOE		4. 2 NA		Schull Agymandy F	
STREET ADDRESS	288 NORMANDY F DELRAY BCH FL			ET ADDRESS	Schulman, Morey Change Addition Schulman, Morey De ray Beach (1933484	
CITY-ST-ZIP TITLE	DELINAT BOTH FL	DELETE		- ST - ZIP	Change Maddition	
NAME	ALTERMAN, SAM		5.1 TITE 5.2 NAM		Change Addition	
STREET ADDRESS	275 NORMANDY F			l Et address	GORDON, SOL 1241 Normanay F	
CITY-SI-ZIP	DELRAY BEACH FL		5.4 CITY		De row Black 4a 33484	
TITLE	D	DELETE	6.1 TITL		Change X Addition	
NAME	ELLIOTT, SYLVIA		6.2 NAM		SEIGEL, ROBERT	
STREET ADDRESS	244 NORMANDY F			et address	SEIGEL, ROBERT	
CITY-ST-ZIP	DELRAY BCH FL		6.4 CITY	- ST - ZIP	Derray Beach Ha 33484	
44 15	114 11 1 1 1 1 1 1					

I 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 chapted, or on an attachment withan address.