MANSBACH, SOL

614 NORMANDY M

DELRAY BEACH FL

NAME

STREET ADDRESS

CIGNATI IDE:

CITY-ST-ZIP

FILED FILE NOW: FILING FEE IS \$61.25 NONPROFIT Apr 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)746859 NORMANDY M ASSOCIATION, INC. Mailing Address Principal Place of Business PRIME MANAGEMENT GROUP, INC. PRIME MANAGEMENT GROUP, INC. 3. Date Incorporated or Qualified 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 8300 PRK OF COMMERCE BLVD 04/23/1979 **BOCA RATON FL 33487** 4. FEI Number Applied For 59-1953440 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 21 26 \$5.00 May Be Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 27 City & State 7. Is this nonprofit corporation a homeowners association? City & State Yes ☐ No 23 28 Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SWATT, MYRON Street Address (P.O. Box Number is Not Acceptable) 6300 PK OF COMMERCE BLVD 83 **BOCA RATON FL 33487** 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was full orized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of Section 617.0503, Florida Statutes. 11. Pursuant to the prooffice or registered agent. I am amilia SIGNATURE DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 FICERS AND DIRECTORS 13. 12 Change Addition □ DELETE 1.1 TITLE TITLE SHAPIRO, ETHEL 1.2 NAME NAME 586 NORMANDY M 1.3 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE VPD TITLE Brand, Multon LEVINE, CHARLES 22 NAME NAME Wir Normandy m 590 NORMANDY M 2.3 STREET ADDRESS STREET ADDRESS Wiray Beach, Ela 33484 DELRAY BEACH FL 2 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 3.1 TITLE SHRIBER, RUTH 3.2 NAME NAME **588 NORMANDY M** 3.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 3.4. CITY-ST-ZIP CITY - ST - ZIP Addition DELETE 4.1 TITLE ☐ Change TITLE MOSKOVITZ, FRANCIS 4. 2 NAME NAME 579 NORMANDY M 4.3 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL** 4.4 CITY-ST-7IP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE Greenberg, Emily BRAND, MILTON 5.2 NAME NAME LOOI NORMANDY M 617 NORMANDY M 5.3 STREET ADDRESS STREET ADDRESS Delray Beach, Cla 33484 **DELRAY BCH FL** 5.4 City-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6.1 TITLE DD TITLE

6.2 NAME

14. Thereby 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 addition.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP