

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746720** (2)
1. Corporation Name
NORMANDY D ASSOCIATION, INC.



Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487	Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487
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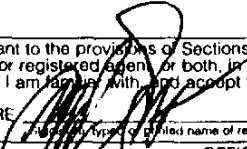
3. Date Incorporated or Qualified 04/11/1979	
4. FEI Number 59-2053338	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent SWATT, MYRON 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

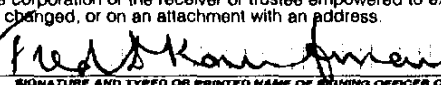
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	PD KAUFMAN, FRED
STREET ADDRESS	159 NORMANDY D
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	☒ DELETE
NAME	VD BEHRMAN, RAYMOND
STREET ADDRESS	160 NORMANDY D
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	☒ DELETE
NAME	SD STENGEL, MARY
STREET ADDRESS	170 NORMANDY D
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	☐ DELETE
NAME	TD YATCHIE, RITA
STREET ADDRESS	185 NORMANDY D
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	☒ DELETE
NAME	DD SITOMER RUTER, SYLVIA
STREET ADDRESS	168 NORMANDY D
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	☒ DELETE
NAME	DD PECK, THEODORE
STREET ADDRESS	148 NORMANDY D
CITY-ST-ZIP	DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	ARONOFF, Freda
2.3 STREET ADDRESS	155 NORMANDY D
2.4 CITY-ST-ZIP	DELRAY BEACH, FLA 33484
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	MILITZOK, FRANCES
3.3 STREET ADDRESS	161 NORMANDY D
3.4 CITY-ST-ZIP	DELRAY BEACH, FLA 33484
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	STENGEL, MARY
5.3 STREET ADDRESS	170 NORMANDY D
5.4 CITY-ST-ZIP	DELRAY BEACH, FLA 33484
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	BEHRMAN, RAYMOND
6.3 STREET ADDRESS	160 NORMANDY D
6.4 CITY-ST-ZIP	DELRAY BEACH FLA 33484

14. 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 changed, or on an attachment with an address.

SIGNATURE:  3/11/98

CR2E037 (10/97)