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# 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

DOCUMENT # **746720** **(2)**

1. Corporation Name

**NORMANDY D ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| PRIME MANAGEMENT GROUP, INC.<br>6300 PARK OF COMMERCE BLVD<br>BOCA RATON FL 33487 | PRIME MANAGEMENT GROUP, INC.<br>6300 PARK OF COMMERCE BLVD<br>BOCA RATON FL 33487 |

3. Date Incorporated or Qualified: 04/11/1979

4. FEI Number: 59-2053338 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| City & State (23) | City & State (28) |
| Zip (24) / Country (25) | Zip (29) / Country (30) |

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

**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 **FL** 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: _____ (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 | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KAUFMAN, FRED | | 1.2 NAME | | |
| STREET ADDRESS | 159 NORMANDY D | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☒ DELETE | 2.1 TITLE | V | ☐ Change ☒ Addition |
| NAME | BEHRMAN, RAYMOND | | 2.2 NAME | ARONOFF, Freda | |
| STREET ADDRESS | 160 NORMANDY D | | 2.3 STREET ADDRESS | 155 NORMANDY D | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 2.4 CITY-ST-ZIP | DELRAY BEACH, FLA 33484 | |
| TITLE | SD | ☒ DELETE | 3.1 TITLE | S | ☐ Change ☒ Addition |
| NAME | STENGEL, MARY | | 3.2 NAME | MILITZOK, FRANCES | |
| STREET ADDRESS | 170 NORMANDY D | | 3.3 STREET ADDRESS | 161 NORMANDY D | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 3.4 CITY-ST-ZIP | DELRAY BEACH, FLA 33484 | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | YATCHIE, RITA | | 4.2 NAME | | |
| STREET ADDRESS | 165 NORMANDY D | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | DD | ☒ DELETE | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | SITOMER RUTER, SYLVIA | | 5.2 NAME | STENGEL, MARY | |
| STREET ADDRESS | 168 NORMANDY D | | 5.3 STREET ADDRESS | 170 NORMANDY D | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 5.4 CITY-ST-ZIP | DELRAY BEACH, FLA 33484 | |
| TITLE | DD | ☒ DELETE | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | PECK, THEODORE | | 6.2 NAME | BEHRMAN, RAYMOND | |
| STREET ADDRESS | 148 NORMANDY D | | 6.3 STREET ADDRESS | 160 NORMANDY D | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 6.4 CITY-ST-ZIP | DELRAY BEACH FLA 33484 | |

CR2E037 (10/97)

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:** Fred Kaufman 3/11/98

SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #