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

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

SIGNATURE:

746961

**FILED** Apr 24 1998 8:00am Secretary of State

DOCU 1. Corporation	MENT # 746961	l (2)			
	ANDY Q ASSOCIATION, INC				
Principal Place of Business Mailing Address			T I I I I I I I I I I I I I I I I I I I	I IEN ONNK ONNN ONNN ENDN 1681	
PRIME MANAGEMENT GROUP, INC. PRIME MANAGEMENT G		OUP, INC.	3. Date Incorporated or Qualified		
8300 PRK OF COMMERCE BLVD BOCA RATON FL 33487		6300 PK OF COMMERCE BLVD		04/27/1979	
US HATUN	FL 33467	BOCA RATON FL 33487 US		4. FEI Number	Applied For
				59-1991176	Not Applicable
2. Principal P	Place of Business	2a. Malling Address		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	Fee Required
22		27		Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	Yes	∐ No
24	25	29	30	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	urrent year Intangible  Yes X No
	9. Name and Address of Current		1901	10. Name and Address of New Registered	
81 Name					
ROSENWALD, JULIUS NORMANDY Q-812 KINGS POINT			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	<del> </del>
DELRAY	BEACH FL FL 39445		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the above-named corp		
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 (aliquillar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE		mee	orna piatatos.	3	11198
	Signature, typed or printed name of registered ager	t and title if applicable. (NO	E: Registered Agent signature requir		
12,	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	The The same
NAME	SALINALL, MEL		12 NAME P	RON, MARION	La oriunge Aboliton
STREET ADDRESS	785 NORMANDY Q		1.3 STREET ADDRESS Q1	IRON, Marion L Normandy Q Delray BEACH, Fla 3	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	DEIRAY BEACH, Fla 3	3484
TITLE	V	DELETE	■ 21 WHF JV		Change Addition
NAME	JACOBS, SYDD	•	2.2 NAME \$17	ien, Josef	
STREET ADDRESS	804 NORMANDY O		2.3 STREET ADDRESS 79	9 NOrmandy O	,
CITY-ST-ZWP	DELRAY BEACH FL S	DELETE	2.4 CITY-ST-ZIP	elyay Deach, Mu 33484	Change Addition
NAME	BARON, MARION	<b>X</b>	32 NAME DE	PATRE, REBECCAH	- Orlange Addition
STREET ADDRESS	816 NORMANDY Q		3.3 STREET ADDRESS 777	9 NORMANDY 9	
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY-ST-ZIP	gnormand eivay Beach, Ha 33484 REGERE, REBECCAH ng NOrmandya Delkay Beach, Ha 3341	rv
TITLE	DD	DELETE	4.1 TITLE	anne gichley	☐ Change Addition
NAME	WEINSTEIN, BERNICE		4.2 NAME JA	cobs, Sidney 4 Normandy P	
STREET ADDRESS CITY-ST-ZIP	791 BURGUNDY O DELRAY BEACH FL		4.3 STREET ADDRESS 80	erran Beach, Elg 33484	
TITLE	DT DENOTIFE	I , DELETE	44 CITY-ST-ZIP 1) e	CITAL DEALER MY 33484	Change Addition
NAME	ROSENWALD, JULIUS	•	5.2 NAME		
STREET ADDRESS	812 NORMANDY Q		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY+ST-ZIP		
TITLE	DD	☐ DELETE	6.1 TITLE		Change Addition
NAME	KASSOVER, BEVERLY		6.2 NAME		
STREET ADDRESS	780 BURGUNDY DELRAY BEACH FL		6.3 STREET ADDRESS		
CITY-\$T-ZIP 14. I hereby c	ertifu that the information supplied wit	h this fiting does not qualify for	6.4 CITY-ST-ZIP or the exemption stated in the	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information
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.					

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3/11/96