NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 746721

1. Corporation Name

NORMANDY E 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 PK OF COMMERCE BLVD **BOCA RATON FL 33487**

FILED

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90047 019 ****61.25

2. Principal Pl	lace of Business	2a. Mailing Address			Date Incorporated or Qualifed	I		
21		26			04/11/1979			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Ar	plied For
22		27			59-2015076		No	ot Applicable
City & State	β	City & State			5. Certificate of Status Desired		+	Additional
23		28			5. Certificate of Status Desired		Fee R	quired
Zip	Country	Zìp	Countr	1	6. Election Campaign Financing		\$5.00	May Be
4 25 29		30		Trust Fund Contribution		Added to Fees		
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New	Registered	Agent	
•	· · · · · · · · · · · · · · · · · · ·		81	Name				
SWATT, MYRON			82	Street Add	dress (P.O. Box Number is Not Accept	table)		
6300 PK OF COMMERCE BLVD			"	22 Office Address (1.10. Dox Northbot to Not Asseptable)				
	TON FL 33487		8:	13				
BOUA NA	TON FE 33407	•	_	0.11			ne Zin	Code
			84	City		FL	85 Zip	Code
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DELRAY BEACH FL 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 suppliemental 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

DD

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196 NORMANDY E

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED

☐ Addition

Change