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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746861

1. Corporation Name

NORMANDY O ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMWERCE BLVD BOCA RATON FL 33487	PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMWERCE BLVD BOCA RATON FL 33487

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
04/23/1979

4. FEI Number
59-1991174
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HELMAN, FRANCES		1.2 NAME		
STREET ADDRESS	679 NORMANDY D		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NISSENMAN, SOL		2.2 NAME		
STREET ADDRESS	675 NORMANDY O		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HURWITZ, MARGE		3.2 NAME		
STREET ADDRESS	713 NORMANDY D		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SAMBERG, JEANETTE		4.2 NAME		
STREET ADDRESS	677 NORMANDY O		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP		
TITLE	DD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, MAC		5.2 NAME		
STREET ADDRESS	676 NORMANDY O		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP		
TITLE	DD	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	COHEN, HAROLD		6.2 NAME	Herbert Beck	
STREET ADDRESS	717 NORMANDY O		6.3 STREET ADDRESS	687 Normandy O	
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 2-10-99 499-1346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)