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

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

745994

(4)

NORMANDY L ASSOCIATION, INC.

Mailing Address Principal Place of Business

**FILED** May 19 1997 8:00am Secretary of State



	MENT GROUP, INC. PRIME MANAGEMENT GROUP		•	
<del>  1051 - South RC</del>   Boca - Raton F				
0300		Blrd	3. Date incorporated or Qualified 02/16/1979	3a. Date of Last Report 05/01/1996
2. Principal Pi	ace of Business		4. FEI Number 59-1940057	Applied For Not Applicable
Suite, Apt.	PRIME MGMT.GROUP, INC. 6300 PRK.OF COMMERCE BLVD BOCA RATON, FL.33487	<u>;</u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	BOCA RATON, FL. 33487		6. Election Campaign Financing	\$5.00 May Be
23	_		Trust Fund Contribution	Added to Fees
Zıp		Country	8. This corporation has liability for int	
24	25 29 3	0	Florida Statutes  10. Name and Address of New Regi	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name				
DAIDI E	DONALD		T MISSER STORMS	
RAIBLE, RONALD 1051 SOUTH ROGERS CIRCLE			82 Street Add SWATT, MYRON 6300 PK OF COMMERCE BLVD	
BOCA RATON FL 33487				1487
000,110		1	<del></del> .	
		84 City		
11. Pursuant t	o the provisions of Sections 617.0502 and 617. 508, Forida Statutes	, the above-named o	orporation submits this statement for the pur	pose of changing its registered
office or registered agent, or both, in the State of Forida. 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 original statutes.				
SIGNATURE 311/17				
12.	Signature, typed or printed name of pug. If claim and till all sprinted (NOTE: I	Registered Agent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
1)TLE	P DELETE	1.1 TITLE	ADDITIONS/GITANGES TO GITTOE	Change Addition
NAME	ALTBUCH, DAVID	1.2 NAME		
STREET ADDRESS	KINGS PT. NORNANDY L 557	13 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH EL	1.4 CITY-ST-ZIP		
TITLE	V DELETE	21 TITLE		Change Addition
NAME	STERNFELD, MILTON	22 NAME		
STREET ADDRESS	560 NORMANDY	2 3 STREET ADDRESS		
CHY-SI-ZIP	DELRAY BEACH FL	2 4 CITY-ST-ZIP		D Acres D Lagran
TITLE	D DELETE	31 TITLE		Change Addition
NAME CARCAL ADDRESS	BURMAN, DAVID 575 NORMANDY L	32 NAME		
STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH FL	3 3 STREET ADDRESS 3 4. CITY - ST - ZIP		
TITLE	\$ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	FREILICH, ALBERT	4. 2 NAME		
STREET ADDRESS	NORMANDY L 548	43 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	44 CITY-ST-ZIP		
TITLE	TD DELETE	51 TITLE		☐ Change ☐ Addition
NAME	SIMON, ARTHUR	5.2 NAME		
STREET ADDRESS	KINGS PT. NORMANDY L 571	5.3 STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH FL  D DELETE	5.4 CITY- \$T-2IP		☐ Change ☐ Addition
TITLE	HORN, DORIS	6.1 TITLE 6.2 NAME		ET OTRANS ET MUSICION :
NAME STREET ADDRESS	KINGS PT. NORMANDY L 547	6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP		
U St. L.		= v v// v v. v/		

14. I do 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: