## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 745994**

NORMANDY L ASSOCIATION, INC.

Mailing Address

2a. 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 024 \*\*\*\*61.25

3. Date Incorporated or Qualifed

02/16/1979

21			26						02/16/1979			
Suite, Apt. #, etc.			<del>                                     </del>	Suite, Apt. #, etc.					4. FEI Number		Ap	plied For
22			27	27					<u>59-1940057</u>		No	t Applicable
City & State				City & State					5. Certifcate of Status Desired		\$8.75	
23									J. Certificate of Status Desired		Fee Re	quired
Zip Country				Zip	intry			B. Election Campaign Financing	П	\$5.00	May Be	
24	25 29 30								Trust Fund Contribution		Added t	o Fees
	9. Name and	Address of Current I	Regis	tered Agent		Ь,		1	0. Name and Address of New	Registered	Agent	
						81	Name					
SWATT, MYRON							Street Add	dress	(P.O. Box Number is Not Accept	able)		
6300 PK OF COMMERCE BLVD												
BOCA RATON FL 33487						83						
BOOK NATOR I E SOMO!						84	City				85 Zip (	Code .
							City	FL   S   Z				2000
11. Pursuant	to the provisions	of Sections 617.0502	and 6	17.1508, Florida Statu	ites, the a	bove	-named corp	porat	ion submits this statement for the	purpose of	changing its	registered
office or r	egistered agent,	or both, in the State of and accept the obligatio	Florid	da. Such change was Section 617 0503 El	authorize Iorida Stat	d by i utes.	the corporati	tion's	board of directors. I hereby acce	pt the appor	ntment as re	gistereu
	un jarmiar wipi, p	ind accept the congain	,,,,,	, 0000011 0 11 .0000, 1								
SIGNATURE	Signature, typed or pri	nted name of registered agent a	nd title	if applicable. (NOT	E. Registere	Agent	signature require	red whe	n reinstating)	DATE		
12.							13.		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	
TITLE	Р	□ DELETE		1.1 T	1.1 TITLE					Change	Addition Addition	
NAME	ALTBUCH, DA	ALTBUCH, DAVID		1.2 N	1.2 NAME						•	
STREET ADDRESS	KINGS PT. NORMANDY L 557			1.3 S	1.3 STREET ADDRESS			•				
CITY-ST-ZIP	DELRAY BEACH FL				1.4 0	1.4 CITY-ST-ZIP						
TITLE	V			☐ DELETE	2.1 T	TLE					☐ Change	Addition
NAME	STERNFELD,	MILTON			2.2 N	AME						
STREET ADDRESS	<del>_</del>				2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	DELRAY BEA				2.46	TY-S	r-zip					
TITLE						3.1 TITLE				·	☐ Change	Addition
NAME						3.2 NAME						•
STREET ADDRESS	l				3.3 S	TREET	ADDRESS					
CITY-ST-ZIP	DELRAY BEA				1	TY-S	ì					
TITLE	S			☐ DELETE	4.1 T						Change	Addition
NAME	FREILICH, AL	RERT			4.21	IAME						
STREET ADDRESS					1		ADDRESS					
CITY-ST-ZIP	DELRAY BEA					ITY-ST	1					
TITLE	TD	VIII L		☐ DELETE	5.1 T						Change	Addition
NAME	SIMON, ARTH	41 ID			5.2 N				•			
STREET ADDRESS		ORMANDY L 571			5.3 S	TREET	ADDRESS					
		•			5.4 0	ITY-ST	- ZIP					
CITY-ST-ZIP TITLE	DELMAT DEA	DELRAY BEACH FL				TITLE		-			☐ Change	Addition
NAME	_	•			6.2 N	AMÉ			•			
	HORN, DORK						ADDRESS					
STREET ADDRESS		ORMANDY L 547				ITY-ST	<b>!</b>					
CITY-ST-ZIP	DELRAY BEA	UH FL		iling does not qualify f				Sont	on 119 07/3)(i) Florida Statutes	) further cer	tifu that the i	nformation

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: