

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. McPherson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746718 (6)
1. Corporation Name
NORMANDY B ASSOCIATION, INC.



Principal Place of Business Mailing Address
PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

3. Date Incorporated or Qualified **04/11/1979** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2053339** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
RAIBLE, RONALD
6300 Park 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVESTRI, STAN	1.2 NAME	BLASKO, SY
STREET ADDRESS	NORMANDY B 57	1.3 STREET ADDRESS	90 NORMANDY B
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLUMBERG, BILL	2.2 NAME	TD
STREET ADDRESS	NORMANDY B 50	2.3 STREET ADDRESS	REMELS, MARV
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	76 NORMANDY B
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIEDER, IDA	3.2 NAME	SD
STREET ADDRESS	NORMANDY B 89	3.3 STREET ADDRESS	GOLDSTIEN, IDA
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	60 NORMANDY B
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMELS, MARVIN	4.2 NAME	0000018081307-77
STREET ADDRESS	NORMANDY B 76	4.3 STREET ADDRESS	-05/06/96--01016--001
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	***183.75
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLLACK, STAN	5.2 NAME	DD
STREET ADDRESS	KINGS PT. NORMANDY B 95	5.3 STREET ADDRESS	BLASKO, SANDY,
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	90 NORMANDY B"
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTOR, HELEN	6.2 NAME	DD
STREET ADDRESS	KINGS PT. NORMANDY B 61	6.3 STREET ADDRESS	REMELS, JUDY
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	76 NORMANDY B

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 PD: BLASKO, SY 90 NORMANDY B
 TD: REMELS, MARV 76 NORMANDY B
 SD: GOLDSTIEN, IDA 60 NORMANDY B
 DD: BLASKO, SANDY, 90 NORMANDY B"
 DD: REMELS, JUDY 76 NORMANDY B

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE _____ DATE **3-29-96** DAYTIME PHONE # **9974045**
 _____ SECRETARY OF STATE

CR2E037 (12/95)