FILE NOW: FILING FEE IS $61.25

FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 746720

1. Corporation Name
NORMANDY D, ASSOCIATION, INC

Principal Place of Business
Prime Management
6300 Park of Commerce Blvd
Boca Raton, Fla 33487

Mailing Address
Prime Management
6300 Park of Commerce Blvd
Boca Raton, Fla
33487

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip | Country
24 | 25

Zip | Country
29 | 30

4. FEI Number
59-2053338
☐ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

61 Name SWATT, MYRON

62 Street Address (P.O. Box Number is Not Acceptable)
6300 Park of Commerce Blvd

63

64 City Boca Raton FL 65 Zip Code 33487

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 6/4/97
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	Kaufmann, Fred		1.2 NAME	
STREET ADDRESS	159 Normandy D		1.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach Fla		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Behrman, Raymond		2.2 NAME	
STREET ADDRESS	160 Normandy D		2.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, Fla		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Stengel, Mary		3.2 NAME	
STREET ADDRESS	170 Normandy D		3.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, Fla		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Yatchie, Rita		4.2 NAME	
STREET ADDRESS	165 Normandy D		4.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach Fla		4.4 CITY-ST-ZIP	
TITLE	DD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Stoner Ruker, Sylvia		5.2 NAME	
STREET ADDRESS	168 Normandy D		5.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach Fla		5.4 CITY-ST-ZIP	
TITLE	DD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Peck, Theodore		6.2 NAME	
STREET ADDRESS	148 Normandy D		6.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach Fla		6.4 CITY-ST-ZIP	

6/17/97

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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: Fred Kaufmann 5/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #