FILE NOW: FILING FEE IS \$61.25

FILED Apr 23 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (2)746720 NORMANDY D ASSOCIATION, INC. Principal Place of Business Mailing Address PRIME MANAGEMENT GROUP, INC. PRIME MANAGEMENT GROUP, INC. 3. Date Incorporated or Qualified 6300 PARK OF COMMERCE BLVD 6300 PARK OF COMMERCE BLVD 04/11/1979 **BOCA RATON FL 33487 BOCA RATON FL 33487** 4. FEI Number Applied For 59-2053338 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required 26 Suite, Apt. #, etc Suite, Apt. #, etc. 5. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 20 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name SWATT, MYRON Street Address (P.O. Box Number is Not Acceptable) 82 6300 PARK OF COMMERCE BLVD 83 **BOCA RATON FL 33487** City Zip Code 11. Pursuant to the provision office or registered agent agent. I am agrief with s of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered pot accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. □ DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE KAUFMAN, FRED NAME 12 NAME 159 NORMANDY D STREET ADDING 1.3 STREET ADDRESS **DELRAY BEACH FL** 1.4 CITY-ST-ZIP City-St-7 DELETE 2.1 TITLE Change Addition TITLE ARONOFF, Freda NAME BEHRMAN, RAYMOND 2.2 NAME 155 NORMANDY D 160 NORMANDY D STREET ADDRESS 2.3 STREET ADDRESS **DELRAY BEACH FL** DEIRAY BEACH, Fla 33484 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE MILITZOK, FRANCES 161 NORMANOY D 3.1 TITLE TITLE STENGEL, MARY 3.2 NAME NAME 170 NORMANDY D 3.3 STREET ADDRESS STREET ADDRESS DETRAY BEACH, Fla 33484 **DELRAY BEACH FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Addition YATCHIE, RITA NAME 4.2 NAME 165 NORMANDY D STREET ADDRESS 4.3 STREET ADDRESS **DELRAY BEACH FL** CITY-ST-ZIP 4.4 CITY - \$T - ZIP DELETE 5.1 TITLE TITLE STENGEL, MARY SITOMER RUTER, SYLVIA 5.2 NAME NAME 170 NOrmaNAYD 168 NORMANDY D 5.3 STREET ADDRESS STREET ADDRESS DETRAY BENCH, Pla 33484 **DELRAY BEACH FL** 5.4 CITY-ST-ZIP CITY-ST-ZIP

ST-2P DELRAY BEACH FL

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

PECK, THEODORE

148 NORMANDY D

TITLE

STREET ADDRESS

CITY-ST-ZIP

DELETE

BEARMAN, RAYHOND

160 Normanay D