


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

**FILED**

**Apr 23 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 746721 (0)**

1. Corporation Name  
**NORMANDY E ASSOCIATION, INC.**



|   |                                |   |                     |
|---|--------------------------------|---|---------------------|
| Principal Place of Business   |                                | Mailing Address   |                     |
| PRIME MANAGEMENT GROUP, INC.<br>6300 PARK OF COMMERCE BLVD<br>BOCA RATON FL 33487<br>US |                                | PRIME MANAGEMENT GROUP, INC.<br>8300 PK OF COMMERCE BLVD<br>BOCA RATON FL 33487<br>US |                     |
| 21  | 2. Principal Place of Business | 26  | 2a. Mailing Address |
| 22  | Suite, Apt. #, etc.            | 27  | Suite, Apt. #, etc. |
| 23  | City & State                   | 28  | City & State        |
| 24  | Zip                            | 29  | Country             |
| 25  | Country                        | 30  | Country             |

3. Date Incorporated or Qualified  
**04/11/1979**

4. FEI Number  
**59-2015076**

Applied For  
 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**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**SWATT, MYRON**  
6300 PK OF 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

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SINGER, SAUL H                      | 1.2 NAME  |   |
| STREET ADDRESS             | 229 NORMANDY E                      | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | DELRAY BEACH FL                     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VPD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ARNOLD, HERBERT                     | 2.2 NAME  |   |
| STREET ADDRESS             | 216 NORMANDY E                      | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | DELRAY BEACH FL                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TEMXIN, SARAH                       | 3.2 NAME  |   |
| STREET ADDRESS             | 224 NORMANDY E                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | DELRAY BEACH FL                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FIUR, TEDDY                         | 4.2 NAME  |   |
| STREET ADDRESS             | 205 NORMANDY E                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | DELRAY BEACH FL                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DD <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COHEN, MANNY                        | 5.2 NAME  |   |
| STREET ADDRESS             | 197 NORMANDY E                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | DELRAY BEACH FL                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DD <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FINE, LEE                           | 6.2 NAME  |   |
| STREET ADDRESS             | 196 NORMANDY E                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | DELRAY BEACH FL                     | 6.4 CITY-ST-ZIP                                       |   |

14. 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.

SIGNATURE: *Teddy Fiur*

*3/11/98 498-2523*

CR2E037 (10/97)