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CORPORATION
ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:48

DOCUMENT # **746769** **(9)**

1. Current Name

NORMANDY H ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/17/1979**
3a. Date of Last Report: **03/24/1994**
4. FEI Number: **59-1991175** ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAIBLE, RONALD 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487	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 Section 607.0502 and 607.1908, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (If changing Registered Agent, Registered Agent must sign in previous section) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12	
12 TITLE	P	13 TITLE	☐ Change ☐ Addition
12 NAME	BERKOWITZ, JEAN	13 NAME	
12 STREET ADDRESS	KINGS PT. NORMANDY H 344	13 STREET ADDRESS	
12 CITY ST ZIP	DELRAY BEACH FL	13 CITY ST ZIP	
12 TITLE	V	23 TITLE	☐ Change ☐ Addition
12 NAME	BRODSKY, HAROLD	23 NAME	
12 STREET ADDRESS	KINGS PT. NORMANDY H 358	23 STREET ADDRESS	
12 CITY ST ZIP	DELRAY BEACH FL	23 CITY ST ZIP	
12 TITLE	S	33 TITLE	☐ Change ☐ Addition
12 NAME	ROSENBERG, ROSE	33 NAME	
12 STREET ADDRESS	KINGS PT. NORMANDY H 373	33 STREET ADDRESS	
12 CITY ST ZIP	DELRAY BEACH FL	33 CITY ST ZIP	
12 TITLE	TD	43 TITLE	☐ Change ☐ Addition
12 NAME	KAUFMAN, JULIUS	43 NAME	
12 STREET ADDRESS	KINGS PT. NORMANDY H 372	43 STREET ADDRESS	
12 CITY ST ZIP	DELRAY BEACH FL	43 CITY ST ZIP	
12 TITLE	D	53 TITLE	☐ Change ☐ Addition
12 NAME	MACKLOWITZ, ROZ	53 NAME	
12 STREET ADDRESS	KINGS PT. NORMANDY H 382	53 STREET ADDRESS	
12 CITY ST ZIP	DELRAY BEACH FL	53 CITY ST ZIP	
12 TITLE	D	63 TITLE	☐ Change ☐ Addition
12 NAME	REISS, ROSE	63 NAME	
12 STREET ADDRESS	KINGS PT. NORMANDY H 365	63 STREET ADDRESS	
12 CITY ST ZIP	DELRAY BEACH FL	63 CITY ST ZIP	

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)(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: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Typed Name

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