FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:48

DOCUMENT # **746770** (7)

1. Corporate Name

NORMANDY I 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: **59-1981747** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

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

9. Name and Address of Current Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when mandated) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
13 TITLE	P	91 TITLE	☑ Change ☐ Addition
14 NAME	FISHER, IRENE	92 NAME	Chutniak, Edward
15 STREET ADDRESS	NORMANDY I 400	93 STREET ADDRESS	430 Normandy I
16 CITY ST ZIP	DELRAY BEACH FL	94 CITY ST ZIP	Delray Bch. FL 33484
17 TITLE	V	21 TITLE	☑ Change ☐ Addition
18 NAME	GITTEL, SYLVIA	22 NAME	Tucker, Nathan
19 STREET ADDRESS	NORMANDY I 415	23 STREET ADDRESS	402 Normandy I
20 CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP	Delray Bch. FL 33484
25 TITLE	S	31 TITLE	☑ Change ☐ Addition
26 NAME	LAKOFF, ANNE	32 NAME	Rafkin, Anita
27 STREET ADDRESS	NORMANDY I 407	33 STREET ADDRESS	407 Normandy I
28 CITY ST ZIP	DELRAY BEACH FL	34 CITY ST ZIP	Delray Bch. FL 33484
41 TITLE	T	41 TITLE	☐ Change ☐ Addition
42 NAME	BALBAN, HYMAN	42 NAME	
43 STREET ADDRESS	NORMANDY I 413	43 STREET ADDRESS	
44 CITY ST ZIP	DELRAY BEACH FL	44 CITY ST ZIP	
51 TITLE	D	51 TITLE	☐ Change ☐ Addition
52 NAME	NASH, MAX	52 NAME	
53 STREET ADDRESS	KINGS PT. NORMANDY I 417	53 STREET ADDRESS	
54 CITY ST ZIP	DELRAY BEACH FL	54 CITY ST ZIP	
61 TITLE	D	61 TITLE	☐ Change ☐ Addition
62 NAME	PHILLIPS, DOROTHY	62 NAME	
63 STREET ADDRESS	KINGS PT. NORMANDY I 424	63 STREET ADDRESS	
64 CITY ST ZIP	DELRAY BEACH FL	64 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: Hyman Balban 3/9/95 407-495-1853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001384