FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **746770** **(7)**

1. Corporation 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

3. Date Incorporated or Qualified: **04/17/1979**
3a. Date of Last Report: **05/01/1995**

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 — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-1981747** ☐ 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

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 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
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	P	☐ DELETE	11 TITLE	AGENT	☐ Change ☒ Addition
NAME	CHERNIAK, EDWARD		12 NAME	RAIBLE, RONALD	
STREET ADDRESS	430 NORMANDY I		13 STREET ADDRESS	6300 PARK OF COMMERCE BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL		14 CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	TUCKER, NATHAN		22 NAME		
STREET ADDRESS	403 NORMANDY I		23 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		24 CITY-ST-ZIP		
TITLE	S	☒ DELETE	31 TITLE	S	☐ Change ☒ Addition
NAME	HALBERIN, ANIAH		32 NAME	LAKOFF, ANNE	
STREET ADDRESS	429 NORMANDY I		33 STREET ADDRESS	407 NORMANDY I	
CITY-ST-ZIP	DELRAY BEACH FL		34 CITY-ST-ZIP		
TITLE	T	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BALBAN, HYMAN		42 NAME		
STREET ADDRESS	NORMANDY I 413		43 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE	500001808165	☐ Change ☐ Addition
NAME	NASH, MAX		52 NAME	-05/06/96--01016--005	
STREET ADDRESS	KINGS PT. NORMANDY I 417		53 STREET ADDRESS	***857.50	
CITY-ST-ZIP	DELRAY BEACH FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, DOROTHY		62 NAME	Y.M.	
STREET ADDRESS	KINGS PT. NORMANDY I 424		63 STREET ADDRESS	3-14-96	
CITY-ST-ZIP	DELRAY BEACH FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 TR 3-29-96 9974045
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Hyman Balban