

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 746861 (4)  
1. Corporation Name  
**NORMANDY O ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified **04/23/1979** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-1991174</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangibles under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HELMAN, FRANCES  
KINGS POINT PHASE III  
679 NORMANDY O  
DELRAY BEACH FL 33445**

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 617.1506, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>AGENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HELMAN, FRANCES</b>	1.2 NAME	<b>RAIBLE, RONALD</b>
STREET ADDRESS	<b>KINGS PT. NORMANDY O 679</b>	1.3 STREET ADDRESS	<b>6300 PARK OF COMMERCE BLVD.</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NISSENMAN, SOL</b>	2.2 NAME	
STREET ADDRESS	<b>675 NORMANDY O</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>600001808166</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURWITZ, MARGE</b>	3.2 NAME	<b>-05/06/96--01016--004</b>
STREET ADDRESS	<b>KINGS PT. NORMANDY O 713</b>	3.3 STREET ADDRESS	<b>***857.50</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CORUSH, SYDNEY</b>	4.2 NAME	<b>SAMBERG, JEANETTE</b>
STREET ADDRESS	<b>KINGS PT. NORMANDY 705</b>	4.3 STREET ADDRESS	<b>677 NORMANDY O</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ACKERMAN, RUTH</b>	5.2 NAME	<b>FREEMAN, MAC</b>
STREET ADDRESS	<b>KINGS PT. NORMANDY O 700</b>	5.3 STREET ADDRESS	<b>676 NORMANDY O</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, HAROLD</b>	6.2 NAME	<b>m.m</b>
STREET ADDRESS	<b>KINGS PT. NORMANDY O 717</b>	6.3 STREET ADDRESS	<b>3-14-96</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	6.4 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)(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: *Mac Freeman* DATE: **3-29-96** TIME AND TYPED PRINTED NAME OF REGISTERED AGENT OR DIRECTOR: **Mac Freeman** PHONE: **9974045**

CR2E037 (12/95)