FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:48

DOCUMENT # **746964** **(6)**

1. Corporate Name

NORMANDY T 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: **04/27/1979**
3a. Date of Last Report: **03/24/1994**
4. FEI Number: **59-1949883** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Fee for 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 § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

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 Section(s) 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

(If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Agent, Registered Agent must sign here.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
31 Title	P	41 Title ☐ Change ☐ Addition
32 Name	MOSES, DORIS	42 Name
33 Street Address	KINGS PT NORMANDY T931	43 Street Address
34 City-St-Zip	DELRAY BEACH FL	44 City-St-Zip
35 Title	V	45 Title ☒ Change ☐ Addition
36 Name	BARON, MILDRED	46 Name S/T Baron, Mildred T
37 Street Address	NORMANDY 6 948	47 Street Address 948 Normandy T
38 City-St-Zip	DELRAY BEACH FL	48 City-St-Zip Delray Bch. FL 33484
39 Title	ST	49 Title ☒ Change ☐ Addition
40 Name	FIBEL, REBA	50 Name Fibel Reba
41 Street Address	KINGS PT. NORMANDY T 927	51 Street Address 927 Normandy T
42 City-St-Zip	DELRAY BEACH FL	52 City-St-Zip Delray Bch. FL 33484
43 Title	D	53 Title ☒ Change ☐ Addition
44 Name	VAN CAMP, JEAN	54 Name Ehrlich Nethe
45 Street Address	NORMANDY T 954	55 Street Address 951 Normandy T
46 City-St-Zip	DELRAY BEACH FL	56 City-St-Zip Delray Bch. FL 33484
47 Title	D	57 Title ☐ Change ☐ Addition
48 Name	KENT, AL	58 Name
49 Street Address	NORMANDY T 933	59 Street Address
50 City-St-Zip	DELRAY BEACH FL	60 City-St-Zip
51 Title		61 Title ☐ Change ☐ Addition
52 Name		62 Name
53 Street Address		63 Street Address
54 City-St-Zip		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 1, 2 or Block 13 above, or on an attachment with an address.

SIGNATURE: Doris Moses Doris Moses Pres 5/6/95 447-7812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013008