## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



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

1996

746964

<b>DOCUN</b>	MENT # 746964	1 (6)					
NORMA	NDY T ASSOCIATION, INC	•			 	#	
Principal Place	of Business	Mailing Address					
	GEMENT GROUP, INC. ROGERS CIRCLE	1051 SOUTH ROGERS (	RIME MANAGEMENT GROUP, INC. 051 SOUTH ROGERS CIRCLE				
BOGA RATON	I FL 33487	BOCA RATON FL 33487			3. Date Incorporated or Qualified 3a. D 04/27/1979	ate of Last Report <b>05/01/1995</b>	
2. Principal Place of Business 2a. Mailing Address 2b					4. FEI Number 59-1949883	Applied For Not Applicable	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	,	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip	Zip Country		8. This corporation has liability for intangible as under s. 199.032, Florida Statutes  Yes Suo		
24	25 9. Name and Address of Curren	29	30	· · · ·	10. Name and Address of New Registered		
	9. Name and Address of Curren	t Hegistered Agent		31 Name	10. Name and Address of New Registeres	Agont	
RAIBLE, RONALD 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487			1	32 Street	et Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Code		
			ļ,	33			
			Ι'	B4 City			
11. Pursuant to or register	a the provisions of Sections 617.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	and 617.1508, Florida Statute da. Such change was authorize	s, the aboved by the co	e-named co prporation's	orporation submits this statement for the purpose of ch board of directors. I hereby accept the appointment as	anging its registered office s registered agent. I am	
	in, and accept the obligations of, Secti	ion 611.0000, Florida Otaloteo.					
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NO	E Fagistered #	igent signature r	required when resistating) DATE		
12.	OFFICERS AND		13.		ADDITIONS CHANGES TO OFFICERS AN		
TITLE	<del></del>		1 <b>1</b> Till			Change Addition	
NAME	MOSES, DOTAS		1.2 NA		RAIBLE, RONALD 6300 PARK OF COMMERCE BLVD.		
STREET ADDRESS	THI CO I I TO I WANTED I TOO I			EET ADDRESS	BOCA RATON, FL 33487		
CITY-ST-ZIP	DELRAY BEACH FL	MOELETE	2 1 TiTi	Y-ST-ZIP	BOCA RATON, FL 33407	Change Addition	
TITLE	31		2 2 NA		200001808182		
NAME	BARON, MILDRED SS 948 NORMANDY T		2 3 STREET ADDRESS		-05/06/9601016004		
' STREET ADDRESS			2 4 CITY - ST ZIP		***857 <b>.</b> 50		
CITY-ST-ZIP TITLE	DEDITION DE TOTAL		31 [1]			Change Addition	
NAME			3 2 NAI		FIBEL, REBA	_	
STREET ADDRESS			33 STF	REET ADDRESS	927 NORMANDY T		
CITY - ST - ZIP	DELRAY BEACH FL		3.4 CI	Y-ST-ZIP			
TITLE	D	☐ DELETE	4 1 TIT	LE		Change Addition	
NAME	ENRICH, NETTIE		4 2 NA	ME			
STREET ADDRESS	951 NORMANDY T		43516	REET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL	·	4.4 CIT	Y-S1-ZIP			
TITLE	ν. · · · · · · · · · · · · · · · · · · ·		5 1 TH	LE	D	Change K Addition	
NAME	KENT, AL		5 2 NA		WEINTRAUB, CARL		
STREET ADDRESS	NORMANDY T 933		53 ST	REET ADDRESS	934 NORMANDY T		
CITY-ST-ZIP	DELRAY BEACH FL	Fine, err		Y-ST-ZIP		Change  Addition	
TITLE		DELETE	6 1 TIT		V	Change K Addition	
NAME			6 2 NA		ROSS, SELMA		
STREET ADDRESS				REET ADDRESS	955 NORMANDY T		
CITY-ST-ZIP	y padifuthat the information supplied	with this films is voluntarily from	64 00 ished and a	Y-ST-ZIP	alify for the exemption stated in Section 119.07(3)(k), F	orida Statutes I further	
entitutho	by certify triat the information supplied to the information indicated on this applied.	with this ning is voluntarily lum not report or supplemental and	ual report is	true and a	courate and that my signature shall have the same lega	I effect as if made under	

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 it 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 Doris mues

SIGNATURE:

THE STEED ON PHINTED NAME OF SIGNING OFFICER OF DIRECTOR