FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N48350

(5)

POCUMENT # NORMANDY SHORES HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 765 NORTH SHORE DR. 765 NORTH SHORE DR. 3. Date Incorporated or Qualified MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 04/10/1992 4. FEI Number Applied For 65-0257282 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes ☐ No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Yes 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WASMAN, GOLDIE 82 Street Address (P.O. Box Number is Not Acceptable) 765 NORTH SHORE DR. N. Shore 83 MIAMI BEACH FL 33141 84 City 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 obtains of, Section 617.0503, Florida Statutes. (NOTE Repision PRESIDENT **SIGNATURE** ered agent and little if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE I Change ☐ Addition 1.1 TITLE **Lib**bin, Jerry NAME 1.2 NAME 1125 NORTH SHORE DRIVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ďΓ TITLE 2.1 TITLE ☐ Change **★** Addition MICHARL SCHWARTZ ALHADEFF, RICHARD NAME 2.2 NAME 600 N. Store Arive 715 NORTH SHORE DR 2.3 STREET ADDRESS STREET ADDRESS 3314/ Maimi Beach fl MIAMI BRACH, PC CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE SD Change Addition TITLE 3.1 TITLE DOYLE, GABRIELLA NAME **3.2 NAME** 620 South Shore Dr STREET ADDRESS 3.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE Change Addition 4.1 THLE NEJMAN, JUNE NAME 4. 2 NAME **605 NORTH SHORE DRIVE** STREET ADDRESS 4.3 STREET ADDRESS Miami Beach Fl CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE □ DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME

14. I hereby certify that the information supplied with this filing 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

May 15 1998 8:00am

Secretary of State