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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N48350

1. Corporation Name
NORMANDY SHORES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
 765 NORTH SHORE DR.
 MIAMI BEACH FL 33141

Mailing Address
 765 NORTH SHORE DR.
 MIAMI BEACH FL 33141



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1125 N. SHORE DRIVE	26	1125 N. SHORE DRIVE	04/10/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0257282	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23	MIAMI BEACH FL	28	MIAMI BEACH FL	\$8.75: Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	33141	29	33141	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LIBBIN, JERRY 1125 N SHORE DR MIAMI BEACH FL 33141				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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LIBBIN, JERRY			1.2 NAME			
STREET ADDRESS	1125 NORTH SHORE DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHWARTZ, MICHAEL			2.2 NAME			
STREET ADDRESS	600 N SHORE DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NEJMAN, JUNE			3.2 NAME			
STREET ADDRESS	605 NORTH SHORE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: MICHAEL SCHWARTZ TREASURER 3/8/99 (305) 710-3990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)