### **2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48350

Entity Name: NORMANDY SHORES HOMEOWNERS' ASSOCIATION, INC.

FILED Feb 16, 2022 Secretary of State 2141847801CC

## **Current Principal Place of Business:**

530 N SHORE DR MIAMI BEACH. FL 33141

## **Current Mailing Address:**

530 N SHORE DRIVE MIAMI BEACH. FL 33141 US

FEI Number: 65-0357282 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

BOWES, JOHN 530 N SHORE DR MIAMI BEACH, FL 33141 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN BOWES 02/16/2022

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PRES	SIDENT; DIRECTOR	Title	DIRECTOR
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NameBOWES, JOHNNameBROWNE, CARMENAddress530 N SHORE DRAddress575 N SHORE DRIVECity-State-Zip:MIAMI BEACH FL 33141City-State-Zip:MIAMI BEACH FL 33141

Title VICE PRESIDENT; DIRECTOR Title DIRECTOR

NameKLEIN, DIANENameGOLDSTEIN, JOSHUAAddress765 S SHORE DRIVEAddress600 NORTH SHORE DRIVECity-State-Zip:MIAMI BEACH FL 33141City-State-Zip:MIAMI BEACH FL 33141

Title DIRECTOR Title DIRECTOR

Name CERAMI, JENNIFER Name DEMMERLE, SUSANNE
Address 715 FAIRWAY DRIVE Address 1155 N SHORE DR

City-State-Zip: MIAMI BEACH FL 33141 City-State-Zip: MIAMI BEACH FL 33141

TitleDIRECTORTitleDIRECTORNameBERG, CAROLYNNameBORITZ, MARVINAddress830 S SHORE DRAddress665 S SHORE DR

City-State-Zip: MIAMI BEACH FL 33141 City-State-Zip: MIAMI BEACH FL 33141

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN BOWES PRESIDENT 02/16/2022

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name GOMEZ-BOWES, LUISA

Address 530 N SHORE DR

City-State-Zip: MIAMI BEACH FL 33141