

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48350

**Entity Name:** NORMANDY SHORES HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 14, 2021**  
**Secretary of State**  
**1264119641CC**

**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**

**02/14/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT; DIRECTOR  
Name            BOWES, JOHN  
Address        530 N SHORE DR  
City-State-Zip: MIAMI BEACH FL 33141

Title            DIRECTOR  
Name            BROWNE, CARMEN  
Address        575 N SHORE DRIVE  
City-State-Zip: MIAMI BEACH FL 33141

Title            VICE PRESIDENT; DIRECTOR  
Name            KLEIN, DIANE  
Address        765 S SHORE DRIVE  
City-State-Zip: MIAMI BEACH FL 33141

Title            DIRECTOR  
Name            GOLDSTEIN, JOSHUA  
Address        600 NORTH SHORE DRIVE  
City-State-Zip: MIAMI BEACH FL 33141

Title            DIRECTOR  
Name            CERAMI, JENNIFER  
Address        715 FAIRWAY DRIVE  
City-State-Zip: MIAMI BEACH FL 33141

Title            DIRECTOR  
Name            DEMMERLE, SUSANNE  
Address        1155 N SHORE DR  
City-State-Zip: MIAMI BEACH FL 33141

Title            DIRECTOR  
Name            BERG, CAROLYN  
Address        830 S SHORE DR  
City-State-Zip: MIAMI BEACH FL 33141

Title            DIRECTOR  
Name            BORITZ, MARVIN  
Address        665 S SHORE DR  
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**

**02/14/2021**

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