

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -8 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48350 (5)
1. Corporation Name
NORMANDY SHORES HOMEOWNERS' ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/10/1992	3a. Date of Last Report 04/22/1994
4. FEI Number 65-0257282	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASMAN, GOLDIE
765 NORTH SHORE DR.
MIAMI BEACH FL 33141

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ 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	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ALHADEFF, RICHARD	2.2 NAME	
STREET ADDRESS	715 NORTH SHORE DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	DOYLE, GABRIELLA	3.2 NAME	
STREET ADDRESS	620 SOUTH SHORE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	HERTZ, STEVE	4.2 NAME	TO JUNE NEJMAN
STREET ADDRESS	565 NORTH SHORE DR	4.3 STREET ADDRESS	600 NORTH SHORE DR.
CITY - ST - ZIP	MIAMI BEACH FL	4.4 CITY - ST - ZIP	MIAMI BEACH FL
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(3)(b), 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.

SIGNATURE:

Jerry Libbin Jerry Libbin

1/22/95

(305) 864-4705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number