

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48350

Entity Name: NORMANDY SHORES HOMEOWNERS' ASSOCIATION, INC.**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:** No**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

01/16/2020

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**DIRECTOR**

01/16/2020

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