FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

ANNUAL REPOR

DOCUMENT # N9500002088 (1)
1. Corporation Name

THE 3421 NORFOLK STREET HOMEOWNERS ASSOCIATION, INC.

POMPANO BEAC 2. Principal Place 21 Suite, Apt. #, e	ST.	Mailing Address  3421 NORFOLK ST.				AFILODIN QUIA IFON I	
POMPANO BEAC 2. Principal Place 21 Suite, Apt. #, e							
Suite, Apt. #, e		3421 NORFOLK ST. POMPANO BEACH FL 33062 POMPANO BEACH FL 3					
Suite, Apt. #, e					3. Date Incorporated or Qualified 05/02/1995	3a. Date of La	st Report
Suite, Apt. #, e	e of Business	2a. Mailing Address			4. FEI Number		Applied For
_		26			65-05-86397		Not Applicable
22	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional e Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip Country		Zip Country			This corporation has liability for intangible tax under s. 199.032,		
25		29 30		Florida Statutes			
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name			
ROSENDAL	HL, DUANE		82	Street Addr	ress (P.O. Box Number is Not Acceptable	)	
3421 NORFOLK ST.						,	
POMPANO BEACH FL 33062			83				
			84	City		85	Zip Code
				•			·
SIGNATURE	and accept the obligations of, Sectionature, typed or printed name of registered agent.	on 617.0503, Florida Statute	S. OTE: Registered Agent		ration submits this statement for the purp rd of directors. I hereby accept the appoir	DATE	su agent. ram
12.	OFFICERS AND		13.	signature required	ADDITIONS/CHANGES TO OFFICE		TORS IN 12
THLE	DP	DELETE	1.1 TITLE			☐ Change	
NAME	ACHTERHOF, BURTON C		1.2 NAME				
	UNIT A, 3421 NORFOLK ST.		1.3 STREET	ADDRESS			
	POMPANO BEACH FL 33062		1.4 CHTY - ST	r-7IP			
	DST	DELETE	21 TIFLE			☐ Change	Addition
NAME	ROSENTHAL, DUANE		2 2 NAME				
STREET ADDRESS	UNIT E, 3421 NORFOLK ST.		2 3 STREET	ADDRESS			
	POMPANO BEACH FL 33062		2 4 CITY-S				
1	D	<b>E</b> DELETE	3.1 TITLE	D		Change	Addition
	DYKSTRA, LINDA A		3 2 NAME	D	YKSTRA, CALVIN : 739 POINSETTIA.	1	
	4739 POINSETTIA S.E.		3 3 STREET	ADDRESS 4	739 10/10/11/14.	<b>3</b> , 67,	~ P
CITY+ST+ZIP TITLE	GRAND RAPIDS MI 49508	Посист	3.4 CITY-S	1-ZIP (3	RAND RAPIDS M		· · · · · · · · · · · · · · · · · · ·
		DELETE	4.1 TITLE			☐ Change	Addition
NAME STREET ADDRESS			4. 2 NAME	ADDRESS			
· · · · i			4.3 STREET				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST 5.1 TITLE	- ZIP		[] Change	e
NAME			5.2 NAME			[1] crigitige	
STREET ADORESS			5.3 STREET A	ADORESS			
CITY - ST - ZIP			54 CITY-ST				
THE		DELETE	61 TITLE			☐ Change	Addition
NAME		_	62 NAME				
STREET ADDRESS			63 STREET	ADDRESS			
CITY-ST-ZIP			64 CITY-ST				
14. I do hereby ce	ertify that the information supplied v	ith this filing is voluntarily furi	nished and does	not qualify for	or the exemption stated in Section 119.07 te and that my signature shall have the sa	(3)(k), Florida Stat	utes. I further

SIGNATURE AND TYPE OF PRINTING NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

CALVIN I. DYKSTRA 1/26/96 6/6-942-9716
ROB DIRECTOR DELO DESIGNE PROFES