FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N95000002088 (1)

THE 3421 NORFOLK STREET HOMEOWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

FILED Jan 24 1997 8:00am Secretary of State



3421 NORFOLK ST. POMPANO BEACH FL 33062		3421 NORFOLK ST. POMPANO BEACH FL 33052-2930				
					3. Date Incorporated or Qualified 05/02/1995	3a. Date of Last Report 01/31/1996
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0586397	Not Applica
Suite, Apt ₩, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona
City & Sta	ate	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Count	ry	8. This corporation has liability for in	ntangible tax under s. 199.032 Yes \[\] No
——————————————————————————————————————	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Re	gistered Agent
				1 Name		
ROSEN	IDAHL, DUANE		ļ.	2 Street Add	dress (P.O. Box Number is Not Acceptab	lo)
	IORFOLK ST.		٦	* SHOOK AUC	seas (ro. box radifiber is raot Acceptab	no)
	ANO BEACH FL 33062		8	3		
			ļ.	4 City		FL 85 Zip Code
agent. I					rporation submits this statement for the pation's board of directors. I hereby acceptions with the properties of the pro	DATE DATE
12.	OFFICERS AN		13.	Bow and and a sold	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	DELET		T		Change Add
NAME	ACHTERHOF, BURTON C		1.2 NAM	Į.		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062			-ST-ZIP		
TITLE	DST	☐ DELET				Change Add
NAME	ROSENTHAL, DUANE		2.2 NAM	E		
STREET ADDRESS			23 STRE	ET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		2. 4 C/T	r-ST-ZIP		
TITLE	DV	DELET	E 3.1 TITL			Change Add
NAME	DYKSTRA, CALVIN J		3.2 NAM	£		
STREET ADDRESS	4739 POINSETTIA S.E.		3.3 STRI	ET ADDRESS		
CITY-ST-ZIP	GRAND RAPIDS MI			'-ST-ZIP		
TITLE		☐ DELET	E 4.1 TITU			☐ Change ☐ Add
NAME	1		4. 2 NA	AE)		
STREET ADDRESS	s]		4.9 STRI	ET ADDRESS		
CITY - ST - ZIP				-ST-ZIP		
THTLE		DELET	E 5.1 TITL			☐ Change ☐ Add
NAME			5.2 NAM	E		
STREET ADDRESS	s [5.3 STRE	ET ADDRESS		
CITY - ST - ZIP				-ST-ZIP		
TITLE		☐ DELET	E 61 TITL	:		Change Add
NAME			6.2 NAM	E		
STREET ADDRESS	s		6.3 STA	ET ADDRESS		
0.79 61 70			C 4 OUT	07 710		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.