

FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000002088 (1)**  
1. Corporation Name  
**THE 3421 NORFOLK STREET HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>3421 NORFOLK ST. POMPANO BEACH FL 33062</b>	Mailing Address <b>3421 NORFOLK ST. POMPANO BEACH FL 33062</b>
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3. Date Incorporated or Qualified <b>05/02/1995</b>		
4. FEI Number <b>65-0586397</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent  
**ROSENDAHL, DUANE  
3421 NORFOLK ST.  
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name <b>DYKSTRA, CALVIN J.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4739 POINSETTIA S.E.</b>
83 Unit #, 3421 NORFOLK ST.
84 City <b>POMPANO BEACH FL</b>
85 Zip Code <b>33062</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **CALVIN J. DYKSTRA** *Calvin J. Dykstra* DATE **2/22/98**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ACHTERHOF, BURTON C	
STREET ADDRESS	UNIT A, 3421 NORFOLK ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	ROSENTHAL, DUANE	
STREET ADDRESS	UNIT E, 3421 NORFOLK ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DYKSTRA, CALVIN J	
STREET ADDRESS	4739 POINSETTIA S.E.	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DV</b>
2.3 STREET ADDRESS	<b>ROSENDAHL, CONNIE</b>
2.4 CITY-ST-ZIP	<b>UNIT E, 3421 NORFOLK ST. POMPANO BEACH, FL 33062</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DST</b>
3.3 STREET ADDRESS	<b>SAME</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: **CALVIN J. DYKSTRA** *Calvin J. Dykstra* DATE **2/22/98** 616-942-9716

CR2E037 (10/97)