


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90077 038 \*\*\*\*61.25

<b>DOCUMENT # N95000002088</b>	
1. Entity Name <b>THE 3421 NORFOLK STREET HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>3421 NORFOLK ST. POMPAÑO BEACH, FL 33062</b>	Mailing Address <b>3421 NORFOLK ST. POMPAÑO BEACH, FL 33062</b>
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2. Principal Place of Business <b>E1</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03172005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0586397</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DYKSTRA, CALVIN J UNIT F 3421 NORFOLK ST POMPAÑO BEACH, FL 33062</b>	7. Name and Address of New Registered Agent Name <b>Gregory Bohan</b> Street Address (P.O. Box Number is Not Acceptable) * <b>3418 Norfolk St</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33062</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gregory Bohan **3/23/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN EYL, PHILLIP S.E. 8TH STREET, STE. 409 HOLLAND, MI 49423 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANDERGENUGTEN, ANN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24702 S. WILLOW BROOK TR. CRETE, IL 604173765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GENUGTEN, ANN VANDER 24702 S. WILLOW BROOK TR. CRETE, IL 604173765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENDAHL, CONNIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 324 N. LAKESHORE DR. HOLLAND, MI 49423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DYKSTRA, CALVIN J 4739 POINSETTIA S.E. GRAND RAPIDS, MI 49508 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VANEYL, PHILLIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5 EAST 8TH ST. HOLLAND, MI 49423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phillip Van Eyl **F PHILLIP VANEYL 3/16/05 616-393-7238**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #