

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 519729

(8)

1. Corporation Name  
NORWOOD PARK, INC.

Principal Place of Business

1049 ROCKLEDGE DR  
#207  
ROCKLEDGE FL 32955  
US

Mailing Address

1049 ROCKLEDGE DR  
#207  
ROCKLEDGE FL 32955-2801  
US3. Date Incorporated or Qualified  
12/01/19763a. Date of Last Report  
02/20/1996

2. Principal Place of Business

21 245 Nora Ave.  
Suite, Apt. #, etc.

2a. Mailing Address

26 245 Nora Ave.  
Suite, Apt. #, etc.

4. FEI Number

59-1707366

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No23 Merritt Isl. FL  
City & State28 Merritt Isl. FL  
City & State24 32952 25 Brevard  
Zip Country29 32952 30 Brevard  
Zip Country

9. Name and Address of Current Registered Agent

JOHNSON, LAWRENCE D  
800 N HIGHLAND AVENUE  
ORLANDO, FLORIDA  
32803

10. Name and Address of New Registered Agent

81 Name Kathryn N. Brown  
82 Street Address (P.O. Box Number is Not Acceptable)  
245 Nora Ave.  
83 Merritt Island  
84 City Merritt Island, FL 85 Zip Code 3295211. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Kathryn N. Brown Kathryn N. Brown

2/8/97

Signatures, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE  
NAME NORWOOD, CHARLES A  
STREET ADDRESS 507 W MERRITT ISL CSWY  
CITY-ST-ZIP MERRITT ISLAND, FL 00000TITLE SD ☐ DELETE  
NAME BROWN, KATHRYN N  
STREET ADDRESS 245 NORA AVE.  
CITY-ST-ZIP MERRITT ISLAND, FL 00000TITLE PD ☒ DELETE  
NAME NORWOOD, IRMA C  
STREET ADDRESS 1049 ROCKLEDGE DR.  
CITY-ST-ZIP ROCKLEDGE, FL 00000TITLE VD ☐ DELETE  
NAME NORWOOD, THOMAS E  
STREET ADDRESS 566 1/2 W MER. ISL CSWY  
CITY-ST-ZIP MERRITT ISLAND, FL 00000TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE President / Secretary / D ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP14. 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 607, Florida Statutes; and that my name  
appears in Block 12 or Block 13 if changed, or on an attachment with an address.SIGNATURE: Kathryn N. Brown Pres. Kathryn N. Brown, Pres. 2/8/97 407-452-8165  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)