


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90011 030 \*\*\*\*61.25

<b>DOCUMENT # 752921</b> 1. Entity Name <b>THE NORWOOD CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>UNIT #5, 8800 BLIND PASS RD ST. PETERSBURG, FL 33706</b>			Mailing Address <b>UNIT #5, 8800 BLIND PASS RD ST. PETERSBURG, FL 33706</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ST. PETE BEACH</b>		City & State <b>ST. PETE BEACH</b>		4. FEI Number <b>59-2951730</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LEWERENZ, LEROY 8800 BLIND PASS ROAD #5 ST. PETERSBURG, FL 33706</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>ST. PETE BEACH</b> <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) 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 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PSTD		TITLE	LEWERENZ	
NAME	LEWERNZ, LEROY		NAME	LEWERNZ	
STREET ADDRESS	8800 BLIND PASS RD #5		STREET ADDRESS	SAINT PETE BEACH	
CITY-ST-ZIP	SAINT PETERSBURG BCH, FL 33706		CITY-ST-ZIP	SAINT PETE BEACH	
TITLE	VD		TITLE	OSMOLSKI	
NAME	OSNOLSKI, VOYTEK		NAME	OSMOLSKI	
STREET ADDRESS	8800 BLIND PASS RD #9		STREET ADDRESS	SAINT PETE BEACH	
CITY-ST-ZIP	SAINT PETERSBURG BCH, FL 33706		CITY-ST-ZIP	SAINT PETE BEACH	
TITLE	VD		TITLE	VADIE, ABDOL	
NAME	MUMIC, IBRAHIM		NAME	VADIE, ABDOL	
STREET ADDRESS	8800 BLIND PASS RD #10		STREET ADDRESS	SAINT PETE BEACH	
CITY-ST-ZIP	SAINT PETERSBURG BCH, FL 33706		CITY-ST-ZIP	SAINT PETE BEACH	
TITLE	VD		TITLE	MIMIC, FORICA	
NAME	VADIE, ABDOL		NAME	MIMIC, FORICA	
STREET ADDRESS	8800 BLIND PASS RD #6		STREET ADDRESS	8800 BLIND PASS RD #10	
CITY-ST-ZIP	SAINT PETERSBURG BCH, FL 33706		CITY-ST-ZIP	SAINT PETERSBURG BCH, FL 33706	
TITLE	VD		TITLE	MIMIC, FORICA	
NAME	MIMIC, FORICA		NAME	MIMIC, FORICA	
STREET ADDRESS	8800 BLIND PASS RD #10		STREET ADDRESS	8800 BLIND PASS RD #10	
CITY-ST-ZIP	SAINT PETERSBURG BCH, FL 33706		CITY-ST-ZIP	SAINT PETERSBURG BCH, FL 33706	
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.					
<b>SIGNATURE:</b> <i>Leroy G Lewernz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-4-05 727-360-9239 Date Daytime Phone #		