2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# 752921

Entity Name: THE NORWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

UNIT #5, 8800 BLIND PASS RD
ST. PETE BEACH, FL 33706

New Principal Place of Business:

UNIT #3, 8800 BLIND ROAD
ST. PETE BEACH, FL 33706

Current Mailing Address:

UNIT #5, 8800 BLIND PASS RD
ST. PETE BEACH, FL 33706

New Mailing Address:

UNIT #3, 8800 BLIND PASS RD
ST. PETE BEACH, FL 33706

FEI Number: 59-2951730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWERENZ, LEROY
8800 BLIND PASS ROAD #5
ST. PETE BEACH, FL 33706 US

Name and Address of New Registered Agent:

PREDMORE, JOHN
8800 BLIND PASS ROAD #5
ST. PETE BEACH, FL 33706 US

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.

SIGNATURE: JOHN PREDMORE 02/01/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: LEWERENZ, LEROY
Address: 8800 BLIND PASS RD #5
City-St-Zip: ST. PETE BEACH, FL 33706

Title: VD ( ) Delete
Name: OSMOLSKI, VOYTEK
Address: 8800 BLIND PASS RD #9
City-St-Zip: ST. PETE BEACH, FL 33706

Title: VD ( ) Delete
Name: VADAIE, ABDOLL
Address: 8800 BLIND PASS RD #6
City-St-Zip: ST. PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: PREDMORE, JOHN W II
Address: 8800 BLIND PASS RD #3
City-St-Zip: ST. PETE BEACH, FL 33706

Title: TRES (X) Change ( ) Addition
Name: METKER, TROY
Address: 8800 BLIND PASS RD #10
City-St-Zip: ST. PETE BEACH, FL 33706

Title: SEC (X) Change ( ) Addition
Name: METKER, TROY
Address: 8800 BLIND PASS RD #6
City-St-Zip: ST. PETE BEACH, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. PREDMORE II PSTD 02/01/2007
Electronic Signature of Signing Officer or Director Date