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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764700 (1)

1. Corporation Name

NORMCO CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

619 2ND STREET
INDIAN ROCKS BEACH FL 33435
US

Mailing Address

12600 7TH STREET
TREASURE ISLAND FL 33706-1004



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 33785

Country

2a. Mailing Address

26 619-2ND STREET

Suite, Apt. #, etc.

27 Apt # 1

City & State

28 INDIAN ROCKS BEACH

Zip

29 33785

Country

30 USA

3. Date Incorporated or Qualified
08/25/1982

3a. Date of Last Report
05/01/1996

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CALVERT, WILLIAM B
12600 7TH ST E
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name THOMAS J. BURKE
82 Street Address (P.O. Box Number is Not Acceptable)
619 SECOND ST.
83 Apt. # 1
84 City INDIAN ROCKS BEACH FL 85 Zip Code 33785

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 *Thomas J. Burke*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 26, 1997

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE
NAME CALVERT, WILLIAM B
STREET ADDRESS 12600 7TH ST, EAST
CITY-ST-ZIP TREASURE ISLAND, FL00000

TITLE VSD ☒ DELETE
NAME CALVERT, WILMA L
STREET ADDRESS 12600 7TH ST, EAST
CITY-ST-ZIP TREASURE ISLAND, FL00000

TITLE D ☐ DELETE
NAME BURKE, THOMAS J
STREET ADDRESS 619 2ND ST, UNIT 1
CITY-ST-ZIP INDIAN ROCKS BCH, FL00000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME BURKE, THOMAS J.
1.3 STREET ADDRESS 619 SECOND ST. #1
1.4 CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785

2.1 TITLE VSD ☒ Change ☐ Addition
2.2 NAME ALICE Y. BURKE
2.3 STREET ADDRESS 619 SECOND ST. #1
2.4 CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME A. M. PETERSON
3.3 STREET ADDRESS 619 SECOND ST #2
3.4 CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

THOMAS J.

CR2E037 (9/96)