

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90002 040 ****61.25

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DOCUMENT # 764700

1. Corporation Name

NORMCO CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

619 2ND STREET
INDIAN ROCKS BEACH FL 33785
US

Mailing Address

619 2ND ST
APT #1
INDIAN ROCKS BCH FL 33785
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/25/1982	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	NOT APPLICABLE	
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing	\$5.00 May Be Added to Fees
26		31		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

BURKE, THOMAS J
619 SECOND ST
APT #1
INDIAN ROCKS BCH FL 33785

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	PETERSON, A.M.	1.2 NAME	
STREET ADDRESS	619 SECOND ST #2	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	BURKE, ALICE Y	2.2 NAME	
STREET ADDRESS	619 SECOND ST #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	2.4 CITY-ST-ZIP	
TITLE	PTD	3.1 TITLE	
NAME	BURKE, THOMAS J	3.2 NAME	
STREET ADDRESS	619 2ND ST, UNIT I	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Thomas J. Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 4, 1999 727/507-8655
Date Daytime Phone #

CR2E037 (11/98)