

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764700

**FILED
Sep 08, 2004
Secretary of State**

Entity Name: NORMCO CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

619 2ND STREET
#1
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEGAETANO, BARBARA
Address: 619 SECOND ST #2
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: PTD () Delete
Name: BURKE, THOMAS J
Address: 619 SECOND ST #1
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: VSD () Delete
Name: BUCHANAN, BRAD
Address: 619 SECOND ST #3
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: BURKE, THOMAS J
Address: 619 SECOND ST #1
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: PSD (X) Change () Addition
Name: BUCHANAN, BRAD
Address: 619 SECOND ST #3
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS J BURKE

Electronic Signature of Signing Officer or Director

VTD

09/08/2004

Date