

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gandra B. Morrone
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
05 MAY -1 PM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13539 (4)

1. Corporation Name

NORSEMAN'S HARBOUR PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3013 LOOKOUT BOULEVARD, SOUTH
PORT ST. LUCIE FL 34984

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PORT ST. LUCIE FL 34984

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/21/1986	3a. Date of Last Report 02/25/1994
4. FBI Number 59-2941500	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent

NIelsen, Christen
2985 LOOKOUT BLVD S.
PT. ST. LUCIE FL 34984

10. Name and Address of New Registered Agent

81 Name Longley William W.
82 Street Address (P.O. Box Number is Not Acceptable) 3009 Lookout Blvd. S.
83
84 City Port St Lucie **FL** **85 Zip Code** 34984

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *William W. Longley* (NOTE: Registered Agent signature required when reinstating) DATE **4/20/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HELLWIG, CARL R
STREET ADDRESS	3001 LOOKOUT BLVD, S.
CITY - ST - ZIP	PT. ST. LUCIE FL
TITLE	T
NAME	HELLWIG, NANCY J
STREET ADDRESS	3001 LOOKOUT BLVD., S.
CITY - ST - ZIP	PT. ST. LUCIE FL
TITLE	VD
NAME	BELL, SAMUEL A
STREET ADDRESS	2983 LOOKOUT BLVD., S
CITY - ST - ZIP	PT. ST. LUCIE FL
TITLE	D
NAME	PEACOCK, JAN
STREET ADDRESS	3011 LOOKOUT BLVD S
CITY - ST - ZIP	PT. ST. LUCIE FL
TITLE	PD
NAME	NIELSEN, CHRISTEN
STREET ADDRESS	2985 LOOKOUT BLVD., S
CITY - ST - ZIP	PT. ST. LUCIE FL
TITLE	D
NAME	FLYNN, MARILYN I.
STREET ADDRESS	2991 LOOKOUT BLVD., S.
CITY - ST - ZIP	PT. ST. LUCIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Longley William W.	
1.3 STREET ADDRESS	3009 Lookout Blvd S.	
1.4 CITY - ST - ZIP	PT. ST. LUCIE FL.	
2.1 TITLE	S. T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LONGLEY DALE A	
2.3 STREET ADDRESS	3009 LOOKOUT BLVD S	
2.4 CITY - ST - ZIP	PT. ST. LUCIE FL.	
3.1 TITLE	V.I.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KEEFE Michael	
3.3 STREET ADDRESS	3007 LOOKOUT BLVD S.	
3.4 CITY - ST - ZIP	PT. ST. LUCIE FL.	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SMITH RAY M.	
4.3 STREET ADDRESS	2983 LOOKOUT BLVD S.	
4.4 CITY - ST - ZIP	PT. ST. LUCIE FL.	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MEYER ROBERT	
5.3 STREET ADDRESS	3003 LOOKOUT BLVD S	
5.4 CITY - ST - ZIP	PT. ST. LUCIE FL.	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FLYNN EDWARD	
6.3 STREET ADDRESS	2991 LOOKOUT BLVD S.	
6.4 CITY - ST - ZIP	PT. ST. LUCIE FL.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William W. Longley* (Date) **4-20-95** (Daytime Phone #) **336 3476**