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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 # N13539 (4)

1. Corporation Name
NORSEMAN'S HARBOUR PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business: 3013 LOOKOUT BOULEVARD, SOUTH PORT ST. LUCIE FL 34984
Mailing Address: 3013 LOOKOUT BOULEVARD, SOUTH PORT ST. LUCIE FL 34984-6105

3. Date Incorporated or Qualified: 02/21/1986
3a. Date of Last Report: 03/13/1996

21	22	23	24	25	26	27	28	29	30	4. FEI Number 59-2941500	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent KEEFE, MICHAEL 3007 LOOKOUT BLVD SOUTH PORT ST. LUCIE FL 34984				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				FL		85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	T/S
NAME	KEEFE, MICHAEL	1.2 NAME	JOAN C. MEYER
STREET ADDRESS	3007 LOOKOUT BLVD S	1.3 STREET ADDRESS	3003 LOOKOUT BLVD. S
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	VD	2.1 TITLE	
NAME	MEYER, ROBERT	2.2 NAME	
STREET ADDRESS	3003 LOOKOUT BLVD S	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	DIRECTOR (D)
NAME	KEEFE, MICHAEL	3.2 NAME	MALANG, LAWRENCE
STREET ADDRESS	3007 LOOKOUT BLVD. S.	3.3 STREET ADDRESS	2981 LOOKOUT BLVD
CITY-ST-ZIP	PT. ST. LUCIE FL	3.4 CITY-ST-ZIP	PORT ST LUCIE, FL. 34984
TITLE	D	4.1 TITLE	
NAME	SMITH, RAY M	4.2 NAME	
STREET ADDRESS	2983 LOOKOUT BLVD. S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MEYER, ROBERT	5.2 NAME	
STREET ADDRESS	8003 LOOKOUT BLVD. S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	NIELSON, CHRIS	6.2 NAME	
STREET ADDRESS	2985 LOOKOUT BLVD S	6.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	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.

CR2E037 (9/96)