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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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**

3. Date Incorporated or Qualified: **02/21/1986**
4. FEI Number: **59-2941500**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, Apt #, City & State, Zip, and Country.

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: **CHRIS NIELSEN**
82 Street Address (P.O. Box Number is Not Acceptable): **2985 LOOKOUT BLVD - S.**
83
84 City: **PORT ST. LUCIE** FL 85 Zip Code: **34984**

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: *Christen Nielsen* DATE: **4/13/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEEFE, MICHAEL	
STREET ADDRESS	3007 LOOKOUT BLVD S	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, ROBERT	
STREET ADDRESS	3003 LOOKOUT BLVD S	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	MEYER, JOAN C	
STREET ADDRESS	3003 LOOKOUR BLVD S	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, RAY M	
STREET ADDRESS	2983 LOOKOUT BLVD. S.	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MALANG, LAWRENCE	
STREET ADDRESS	2881 LOOKOUT BLVD	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NIELSON, CHRIS	
STREET ADDRESS	2985 LOOKOUT BLVD S	
CITY-ST-ZIP	PT. ST. LUCIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KEEFE, MICHAEL	
1.3 STREET ADDRESS	3007 LOOKOUT BLVD	
1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CARL HELLWIG	
2.3 STREET ADDRESS	3001 LOOKOUT BLVD. S	
2.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CHRIS DALY	
5.3 STREET ADDRESS	2989 LOOKOUT BLVD.	
5.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	NIELSEN, CHRIS	
6.3 STREET ADDRESS	2985 LOOKOUT BLVD S	
6.4 CITY-ST-ZIP	PORT ST LUCIE FL 34984	

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.
SIGNATURE: *Christen Nielsen* DATE: **4/13/98**

CR2E037 (10/97)