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Secretary of State

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NONPROFIT CORPORATION / ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13539

1. Corporation Name

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

339728 - 90122 - 2 6 *

Principal Place of Business

3013 LOOKOUT BOULEVARD, SOUTH
 PORT ST. LUCIE FL 34984

Mailing Address

3013 LOOKOUT BOULEVARD, SOUTH
 PORT ST. LUCIE FL 34984



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/21/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2941500
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NIELSEN, CHRIS 2985 LOOKOUT BLVD S PORT ST. LUCIE FL 34984		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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: Christen Nielsen DATE: 3/14/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEEFE, MICHAEL	1.2 NAME	FAITH NICHOLS
STREET ADDRESS	3007 LOOKOUT BLVD S	1.3 STREET ADDRESS	2991 LOOKOUT BLVD.
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	1.4 CITY-ST-ZIP	PORT ST LUCIE FL 34984
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELLWIG, CARL	2.2 NAME	LORI KELLN
STREET ADDRESS	3001 LOOKOUT BLVD S	2.3 STREET ADDRESS	2987 LOOKOUT BLVD.
CITY-ST-ZIP	PT. ST. LUCIE FL 34984	2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34984
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, JOAN C.	3.2 NAME	AGNES NIELSON
STREET ADDRESS	3003 LOOKOUR BLVD S	3.3 STREET ADDRESS	2985 LOOKOUT BLVD
CITY-ST-ZIP	PORT ST LUCIE FL	3.4 CITY-ST-ZIP	PORT ST LUCIE FL 34984
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RAY M	4.2 NAME	JOAN C. MEYER
STREET ADDRESS	2983 LOOKOUT BLVD. S.	4.3 STREET ADDRESS	3003 LOOKOUT BLVD
CITY-ST-ZIP	PT. ST. LUCIE FL	4.4 CITY-ST-ZIP	PORT ST LUCIE FL 34984
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	DALEY, CHRIS	5.2 NAME	
STREET ADDRESS	2989 LOOKOUT BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL 34984	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	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 34984	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: **SIGNATURE REQUIRED** Joan C. Meyer JOAN C. MEYER DATE: 4/12/99 (561) 336-0296

CR2E037 (11/98)