

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90014 034 ****61.25

0083773

DOCUMENT # N13539

1. Entity Name

NORSEMAN'S HARBOUR PROPERTY OWNER'S ASSOCIATION,

Principal Place of Business

Mailing Address

3013 LOOKOUT BOULEVARD, SOUTH
 PORT ST. LUCIE FL 34984

3013 LOOKOUT BOULEVARD, SOUTH
 PORT ST. LUCIE FL 34984

UUU17107



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2941500

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLN, LORI A
2987 LOOKOUT BLVD S
PORT ST. LUCIE FL 34984

Name

Raymond Smith

Street Address (P.O. Box Number is Not Acceptable)

2983 Lookout Blvd.

2

City

Port St. Lucie

FL

Zip Code

34984

8. 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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-9-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VD	WILDER, JAMES	2983 LOOKOUT VD	PORT ST LUCIE FL 34984	<input checked="" type="checkbox"/>
PD	KELLN, LORI A	2987 LOOKOUT VD	PORT ST LUCIE FL 34984	<input checked="" type="checkbox"/>
TD	MEYER, JOAN C	3003 LOOKOUR BLVD S	PORT ST LUCIE FL 34984	<input checked="" type="checkbox"/>
SD	BROWN, KAREN	3005 LOOKOUT VD	PORT ST LUCIE FL 34984	<input type="checkbox"/>
D	NICHOLLS, FAITH	2991 LOOKOUT VD	PORT ST LUCIE FL 34984	<input checked="" type="checkbox"/>
D	KIATT, JOHN	2985 LOOKOUT VD	PORT ST LUCIE FL 34984	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Meyer, Robert	3003 Lookout Blvd. #8	Port St. Lucie, FL 34984	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/T/D	Black, Charlene	3011 Lookout Blvd. #12	Port St. Lucie, Fl 34984	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	Raymond Smith	2983 Lookout Blvd. #2	Pt. St. Lucie, FL 34984	<input type="checkbox"/>	<input type="checkbox"/>
VP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond Smith 2/9/2001

Date

Daytime Phone #

CR2E037 (10/00)