

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90001 001 ****61.25

DOCUMENT # N13539
1. Entity Name
NORSEMAN'S HARBOUR PROPERTY OWNER'S ASSOCIATION, INC.



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

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Zip Country Zip Country

4. FEI Number **Applied For**
59-2941500 **Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E037 (4/04)

6. Name and Address of Current Registered Agent
WELLS, ED
2985 LOOKOUT BIRD
PORT SAINT LUCIE FL 34984

7. Name and Address of New Registered Agent
Name Cyndy Stahl
Street Address (P.O. Box Number is Not Acceptable)
3009 Lookout Blvd S.
City Pt. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cyndy Stahl Cyndy Stahl 9-9-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEYER, ROBERT 3003 LOOKOUT BV 8 PORT SAINT LUCIE FL 34984 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BLACK, CHARLENE 3011 LOOKOUT BV 12 PORT ST LUCIE FL 34984 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD KEERE, MICHAEL KEEFE, MICHAEL 3007 LOOKOUT BLVD. PORT ST LUCIE FL 34984 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHADOWEN, BENT 2991 LOOKOUT BLVE. PORT SAINT LUCIE FL 34984 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WELLS, ED 2985 LOOKOUT BLD <u>90 3013 Lookout Blvd S.</u> PORT ST LUCIE FL 34984 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treas. Cyndy Stahl 3009 Lookout Blvd S. Pt. St. Lucie, FL 34984 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Cyndy Stahl 9-9-04 772 344-1221 HM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 772-692-2237 WK