


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90215 004 ****61.25

DOCUMENT # N13539			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

50019632



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2941500		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STAHL, CYNDY 3009 LOOKOUT BLVD S PORT SAINT LUCIE FL 34984		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

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* (NOTE: Registered Agent signature required when reinstating)

DATE 2-21-05

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T TITLE NAME STRAHL, CYNDY STREET ADDRESS 3009 LOOKOUT BLVD S CITY-ST-ZIP PORT SAINT LUCIE FL 34984	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD TITLE NAME BLACK, CHARLENE STREET ADDRESS 3011 LOOKOUT BV 12 CITY-ST-ZIP PORT ST LUCIE FL 34984	<input type="checkbox"/> Delete	SEC. Karen Brown 3005 S. Lookout Blvd Port St Lucie FL 34984	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPD TITLE NAME KEEFE, MICHAEL STREET ADDRESS 3007 LOOKOUT BLVD. CITY-ST-ZIP PORT ST LUCIE FL 34984	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P TITLE NAME WELLS, ED STREET ADDRESS C/O 3013 LOOKOUT BLVD S CITY-ST-ZIP PORT ST LUCIE FL 34984	<input type="checkbox"/> Delete	P Bert Shadowen 299 S. Lookout Blvd Pt. St. Lucie FL 34984	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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* Cyndy Stahl 2-21-05 772 692-2237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #