


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90025 023 ****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



1st MOORE CR2E037 (10/05)

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		Lisa E. O'Neill	
Street Address (P.O. Box Number is Not Acceptable)		2981 S Lookout Blvd	
City		Port St Lucie FL 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.		DATE	
SIGNATURE <i>[Signature]</i>		2/15/06	
SIGNATURE <i>[Signature]</i>		Lisa E. O'Neill	
SIGNATURE <i>[Signature]</i>		2/15/06	

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAHL, CYNDY	NAME	
STREET ADDRESS	3009 LOOKOUT BLVD S	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, KAREN	NAME	
STREET ADDRESS	3005 S LOOKOUT BLVD	STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	CITY-ST-ZIP	
TITLE	VPP <input type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEFE, MICHAEL	NAME	
STREET ADDRESS	3007 LOOKOUT BLVD.	STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADOWEN, BERT	NAME	
STREET ADDRESS	2981 S LOOKOUT BLVD	STREET ADDRESS	2983 S. LOOKOUT BLVD
CITY-ST-ZIP	PORT ST LUCIE FL 34984	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	LISA O'NEILL
STREET ADDRESS		STREET ADDRESS	2981 S. LOOKOUT BLVD
CITY-ST-ZIP		CITY-ST-ZIP	PORT ST LUCIE, FL 34984
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 life empowered.

SIGNATURE: *Bert E. Shadowen* **Bert E. Shadowen** **2-15-06** **772878-9463**