


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90072 029 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2941500	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'NEILL, LISA E 2981 SOUTH LOOKOUT BLVD PORT SAINT LUCIE, FL 34984			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	<input 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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input 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 type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHADOWEN, BERT		NAME		
STREET ADDRESS	2983 SOUTH LOOKOUT BLVD		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34984		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, LISA		NAME	O'NEILL, LISA	
STREET ADDRESS	2981 SOUTH LOOKOUT BLVD		STREET ADDRESS	2981 S. LOOKOUT BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984		CITY-ST-ZIP	PORT SAINT 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 Chapter 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 like empowered.					
SIGNATURE: <u>Bert E. Shadowen</u> (BERT E. SHADOWEN)		Date		Daytime Phone #	
		1-24-07		772-878-9463	