


FILED
Feb 28, 2003 8:00 am
Secretary of State

2/6

02-06-2003 90095 005 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent
**SMITH, RAYMOND
 2983 LOOKOUT BV
 2
 PORT ST. LUCIE FL 34984**

7. Name and Address of New Registered Agent
 Name **Wells, Ed**
 Street Address (P.O. Box Number is Not Acceptable)
2985 Lookout Blvd
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ed Wells Pres.** *Ed Wells* **1/28/03**
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

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	D MEYER, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	3003 LOOKOUT BV 8	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	
TITLE NAME	STD BLACK, CHARLENE	<input type="checkbox"/> Delete
STREET ADDRESS	3011 LOOKOUT BV 12	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE NAME	PD SMITH, RAYMOND	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2983 LOOKOUT BV 2	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	
TITLE NAME	VP BROWN, KAREN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3005 LOOKOUT VD	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	
TITLE NAME	D NICHOLLS, FAITH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2991 LOOKOUT VD	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	
TITLE NAME	D WELLS, ED	<input type="checkbox"/> Delete
STREET ADDRESS	2985 LOOKOUT VD	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Vice-President Michael Keepe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3007 Lookout Blvd.	
CITY-ST-ZIP	Port St Lucie FL 34984	
TITLE NAME	Bert Shadowen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2991 Lookout Blvd	
CITY-ST-ZIP	Port St. Lucie FL 34984	
TITLE NAME	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE: Ed Wells Pres.** *Ed Wells* **1/28/03** (772) 342-4540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)