


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N31507 1. Entity Name NORCOM CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2454 MCMULLEN BOOTH ROAD SUITE 601 CLEARWATER, FL 33759	Mailing Address 2454 MCMULLEN BOOTH ROAD SUITE 601 CLEARWATER, FL 33759
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01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2939579	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZDELLA, EDWARD 2454 MCMULLIN BOOTH RD SUITE 601 CLEARWATER, FL 33759

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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)</small>	DATE _____
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Filing 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZBELLA, EDWARD L A 2454 MCMULLEN BOOTH RD., STE 601 CLEARWATER, FL 34619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEMEC, LISA A. 2454 MCMULLEN BOOTH RD., STE 601 CLEARWATER, FL 34619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, ALAN 2454 MCMULLEN BOOTH RD., STE 601 CLEARWATER, FL 34619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHMAN, STAN 2454 MCMULLON BOOTH RD STE 607 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000181575 01/18/05-80003-009 61.25
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/7/05 727 796 7705 <small>Date Daytime Phone #</small>
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