


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State


01-11-2008 90057 019 ****61.25

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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DO NOT WRITE IN THIS SPACE

40001300



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2939579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZDELLA, EDWARD
2454 MCMULLEN BOOTH RD
SUITE 601
CLEARWATER, FL 33759

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

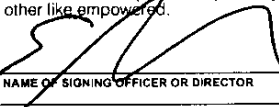
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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 STE 606 CLEARWATER, FL 34619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHMAN, STAN 2454 MCMULLEN BOOTH RD STE 607 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **1/7/08** **727 796 7705**

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