

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

**FILED**  
**Jun 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N36726**

1. Entity Name

**NORMARC CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**642 SE 13TH PLACE  
SUITE 5  
CAPE CORAL FL 33990**

Mailing Address

**642 SE 13TH PLACE  
SUITE 5  
CAPE CORAL FL 33990**



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

**65-0247332**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN AMSTER, JESSA  
642 SE 13TH PLACE  
SUITE 5  
CAPE CORAL FL 33990**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent Signature required when renewing)

DATE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **RESAN, MARG**  
CITY- ST- ZIP **642 SE 13TH PLACE #2  
CAPE CORAL FL 33990**

TITLE ☐ Change ☐ Addition  
NAME **000000566456**  
STREET ADDRESS **06/01/06-80001-009 61.25**  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **HAMILTON, BERTHA**  
CITY- ST- ZIP **642 SE 13TH PLACE #4  
CAPE CORAL FL 33990**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME **DT**  
STREET ADDRESS **VAN AMSTELL, JESSA**  
CITY- ST- ZIP **642 SE 13TH PLACE, #5  
CAPE CORAL FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 like empowered

SIGNATURE:

*Jessa Van Amstel*

*APRIL 25 '06*