

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000983

FILED  
Feb 10, 2005  
Secretary of State

Entity Name: NORMAN ESTATES RETREATS, INC.

## Current Principal Place of Business:

1070 E. INDIANTOWN RD  
SUITE 208  
JUPITER, FL 33477 US

## New Principal Place of Business:

## Current Mailing Address:

1070 E. INDIANTOWN RD  
SUITE 208  
JUPITER, FL 33477 US

## New Mailing Address:

FEI Number: 65-0987302      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALSH, BRETT  
1070 E. INDIANTOWN RD  
SUITE 208  
JUPITER, FL 33477 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COLLINS, BART  
Address: 501 NORTH A1A  
City-St-Zip: JUPITER, FL 33477 US

Title: V ( ) Delete  
Name: VERHOEVEN, ELIZABETH  
Address: 1070 E. INDIANTOWN RD  
City-St-Zip: JUPITER, FL 33477 US

Title: PD ( ) Delete  
Name: WEED, FRANK  
Address: 1070 E. INDIANTOWN RD  
City-St-Zip: JUPITER, FL 33477 US

Title: S ( ) Delete  
Name: WALSH, BRETT  
Address: 1070 E. INDIANTOWN RD  
City-St-Zip: JUPITER, FL 33477 US

Title: T ( ) Delete  
Name: POLLACK, RITA  
Address: 1070 E. INDIANTOWN RD  
City-St-Zip: JUPITER, FL 33477 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK WEED

PD

02/10/2005

Electronic Signature of Signing Officer or Director

Date