

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N13539

**FILED  
Oct 02, 2017  
Secretary of State  
CC8735682990**

**Entity Name:** NORSEMAN'S HARBOUR PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

3013 LOOKOUT BOULEVARD, SOUTH  
PORT ST. LUCIE, FL 34984

**Current Mailing Address:**

C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 100  
STUART, FL 34994 US

**FEI Number: 59-2941500**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WRIGHT, PONSOLDT & LOZEAU  
C/O WRIGHT, PONSOLDT & LOZEAU  
1002 SE MONTEREY COMMONS BLVD. SUITE 100  
STUART, FL 33477 US

*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: TIM WRIGHT**

**10/02/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STAHL, DAN  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 100

City-State-Zip:   STUART FL 34994

Title            DIRECTOR-AT-LARGE  
Name            SHADOWEN, BERT  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 100

City-State-Zip:   STUART FL 34994

Title            TREASURER  
Name            FERNANDEZ, EGNACIO  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 100

City-State-Zip:   STUART FL 34994

Title            VP  
Name            KEVELSON, CAROL  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 100

City-State-Zip:   STUART FL 34994

Title            SECRETARY  
Name            BROWN, KAREN  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE 100

City-State-Zip:   STUART FL 34994

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DAN STAHL**

**PRESIDENT**

**10/02/2017**

Electronic Signature of Signing Officer/Director Detail

Date