

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13539

**FILED**  
**Feb 08, 2013**  
**Secretary of State**  
**CC0488279817**

**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:**

1713 RIO VISTA DRIVE  
FORT PIERCE, FL 34949

**FEI Number:** 59-2941500

**Certificate of Status Desired:** No

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

DELTA MANAGEMENT GROUP, INC.  
1713 RIO VISTA DRIVE  
FORT PIERCE, FL 34949 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MEYER, BOB  
Address 3003 SE LOOKOUT BLVD  
City-State-Zip: PORT ST LUCIE FL 34984

Title S  
Name BRIGGS, LAURA  
Address 2987 SE SOUTH LOOKOUT BLVD  
City-State-Zip: PORT ST LUCIE FL 34984

Title T  
Name STAHL, CYNDY  
Address 3009 SE SOUTH LOOKOUT BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title D  
Name KEVELSON, CAROL  
Address 3001 SE SOUTH LOOKOUT BLVD  
City-State-Zip: PORT ST. LUCIE FL 34984

Title D  
Name KEEFE, MICHAEL  
Address 889 FISH TRAP TRAIL  
City-State-Zip: MINERAL BLUFFS GA 30559

*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: CYNDY STAHL**

**TREASURER**

**02/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date