1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 721010**

1. Corporation Name

## NORWICH APARTMENTS CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business |
|-----------------------------|
| 1424 S.E. 15TH STREET       |
| APT. 52                     |
| FORT LAUDERDALE FL 33316    |

2. Principal Place of Business

Mailing Address

2a. Mailing Address

1424 S.E. 15TH STREET

26

FORT LAUDERDALE FL 33316

## **FILED** Mar 05, 1999 8:00 am § Secretary of State

03-05-1999 90003 028 \*\*\*\*61.25

| - 1 1 <b>0.0</b> km 1 <b>0.0</b> km 14.0 km | <br>II BUBII BUBII BUBII IABA |
|---|-------------------------------|
|   |                               |

3. Date Incorporated or Qualifed

05/24/1971

| 21                                     |  | 26                                  |                         |                                  | 00/24/19/1  |                 |            |
|--|--|-------------------------------------|-------------------------|----------------------------------|---|-----------------|------------|
|  | ite, Apt. #, etc. Suite, Apt. #, etc.  |                                     | 4. FEI Number           | Apr                              | plied For   |                 |            |
| 22                                     |  | 27                                  |                         | 59-1435770                       | No  | t Applicable    |            |
| City & Stat                            |  |                                     |                         | \$8.75 A                         | Additional  |                 |            |
| <b>⊢</b> '                             |  | 28                                  |                         | 5. Certificate of Status Desired | Fee Re  | quired          |            |
| Zip                                    | Country  | Zip Country                         |                         | 6. Election Campaign Financing   | \$5.00  | May Re          |            |
|  | 25   | 29 30                               | ¬ `                     |                                  | Trust Fund Contribution                                   | Added to Fees   |            |
| 24                                     | 9. Name and Address of Current   |                                     | 71                      |                                  | 10. Name and Address of New Registered                    |                 |            |
|  | - Name and Address of Current  | registered Agent                    | 81                      | Name                             |   | <del>-</del>    |            |
|  |  |                                     | L.                      |                                  |   | <u> </u>        |            |
| ************************************** |  |                                     | 82                      | Street                           | t Address (P.O. Box Number is Not Acceptable)             |                 |            |
| 1424 S.E. 15TH STREET BONNESS          |  |                                     | -                       |                                  |   | <del></del>     |            |
| APT. 52                                |  |                                     | 83                      |                                  | •   |                 |            |
| FORT LA                                | JDERDALE FL 33316  |                                     | 84                      | City                             |   | 85 Zip (        | Code       |
|  |  |                                     |                         | •                                | <u> </u>  |                 |            |
| 11. Pursuant                           | to the provisions of Sections 617.0502   | and 617.1508, Florida Statutes,     | the above               | -named                           | d corporation submits this statement for the purpose of   | changing its    | registered |
| office or i                            | registered agent, or both, in the State or<br>Im familiar with, and accept the obligat | of Florida. Such change was auth    | iorizea dv              | tne com                          | poration's board of directors. I hereby accept the appoin | milent as rej   | gistered   |
| 1                                      | in familiar with, and accept the obligat   | 13 01, Georgia 1 017.0000, 1 10110. |                         |                                  |   |                 | ŀ          |
| SIGNATURE                              | Signature, typed or printed name of registered agent                                   | and title if applicable. (NOTE: Re  | gistered Ager           | it signature                     | e required when reinstating) DATE                         |                 |            |
| 12.                                    | OFFICERS ANI   |                                     | 13.                     |                                  | ADDITIONS/CHANGES TO OFFICERS AN                          | D DIRECTO       | RS IN 12   |
| TITLE                                  | PD   | DELETE                              | 1,1 TITLE               |                                  |   | Change          | ☐ Addition |
| NAME                                   | NICHOLSON, RAYMOND   |                                     | 1.2 NAME                |                                  |   | Taranti, Île    |            |
|  | 1424 S.E. 15TH STREET #14  |                                     | 1.3 STREET              | T ADDRESS                        | s   | 2               |            |
| STREET ADORESS                         |  |                                     | 1.4 CITY-S              |                                  | <b>~</b>  |                 |            |
| CITY-ST-ZIP                            | FORT LAUDERDALE FL 33316   | DELETE                              | 2.1 TITLE               | 1-211                            |   | Change          | ☐ Addition |
| TITLE                                  | SD   | O DELETE                            | •                       |                                  | `   | <u>.</u>        | _          |
| NAME                                   | GANALY-BERGEY, LINDA   |                                     | 2.2 NAME                |                                  |   | •               | 1          |
| STREET ADDRESS                         | ' ' = ' ' ' ' ' ' '  |                                     | 2.3 STREE               | r address                        | 8   |                 | . }        |
| CITY+ST-ZIP                            | FORT LAUDERDALE FL 33316   |                                     | 2.4 CITY-\$             | T-ZIP                            |   | F7.01           | - Addison  |
| TITLE                                  | TD   | ☐ DELETE                            | 3.1 TITLE               |                                  | · ·   | Change          | Addition   |
| NAME                                   | HELMER, GEORGE   |                                     | 3.2 NAME                |                                  |   |                 | ļ          |
| STREET ADDRESS                         | 1424 S.E. 15TH STREET #52  |                                     | 3.3 STREET              | ADDRESS                          | s ·   |                 | ļ          |
| CITY-ST-ZIP                            | FORT LAUDERDALE FL 33316   |                                     | 3.4. CITY-5             | T-ZIP                            |   |                 |            |
| TITLE                                  |  | ☐ DELETE                            | 4.1 TITLE               |                                  |   | Change          | ☐ Addition |
| NAME                                   | İ  |                                     | 4. 2 NAME               |                                  |   |                 | ì          |
| STREET ADDRESS                         |  |                                     | 4.3 STREET              | TADDRESS                         | ss  |                 |            |
| '                                      | 1  |                                     | 4.4 CITY-S              |                                  |   |                 |            |
| CITY-ST-ZIP                            |  | DELETE                              | 5.1 TITLE               | 1-4IF                            |   | Change          | ☐ Addition |
| TITLE                                  |  | الما المالية                        | 52 NAME                 |                                  |   |                 | _          |
| NAME                                   |  |                                     | 5.3 STREE               | L VUUDEGG                        | 200   |                 |            |
| STREET ADDRESS                         |  |                                     |                         |                                  |   | • :             |            |
| CITY-ST-ZIP                            |  |                                     | 5.4 CITY-S<br>6.1 TITLE | 1-ДР                             | <u> </u>  | Chanca          | Addition   |
| TITLE                                  |  | ☐ DELETE                            |                         |                                  | · ·   | Change          | ☐ vaanon   |
| NAME                                   |  |                                     | 6.2 NAME                |                                  |   |                 |            |
| STREET ADDRESS                         |  |                                     | 6.3 STREE               | T ADDRESS                        | S   | ~- <del>-</del> | Į          |
| CITY, ST. 7IP                          |  |                                     | 6.4 CFTY-S              | T-ZIP                            |   |                 |            |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing on an anti-chapter with an address, with all other like empowered.

SIGNATURE: #