2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am ⁵ **DOCUMENT # 721010** Secretary of State 1. Entity Name NORWICH APARTMENTS CONDOMINIUM ASSOCIATION. INC. 02-15-2001 90044 049 ****61.25 Principal Place of Business Mailing Address 1424 S.E. 15TH STREET 1424 S.E. 15TH STREET _APT:-52--APT: 52 FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE APT. City & State Applied For City & State 4. FEI Number 59-1435770 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nichalsan O. Box Number is Not Acceptable) Street Address (F HELMER, GEORGE 1424 SE 15TH ST APT. 52 FORT LAUDERDALE FL 33316 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 Fiorida. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition ☐ Delete TITI F TITLE McKenna Dan NICHOLSON, RAYMOND NAME NAME 1424 S.E. 15th St STREET ADDRESS 1424 S.E. 15TH STREET #44 1-5 STREET ADDRESS Ft. Lauderdale, FL 33316 CITY-ST-ZIP CITY-ST-7iP FORT LAUDERDALE FL 33316 **X** Addition ☐ Change TITLE TITLE SD ☐ Delete Brenda Nicholson 1424 S.E. 15th St. NAME NAME GANALY-BERGEY, LINDA STREET ADDRESS STREET ADDRESS 1424 S.E. 15TH STREET #32 CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33316 Change ☐ Addition TITLE 🔀 Delete TITLE HELMER, GEORGE NAMÉ NAME STREET ADDRESS STREET ADDRESS 1424 S.E. 15TH STREET #52 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP+ CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE: X Raymond IN ICLO SETQUIF JANNA WWW. 2-12-01 9545258189

changed, or on an attachment with an address, with all other like empowered

12. 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 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