

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90414 001 ****61.25

DOCUMENT # 721010 1. Entity Name NORWICH APARTMENTS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1424 S.E. 15TH STREET FORT LAUDERDALE, FL 33316			Mailing Address 1424 S.E. 15TH STREET FORT LAUDERDALE, FL 33316		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 59-1435770					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent REYNOLDS, ROBERT 1424 SE 15TH ST UNIT 15 FORT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 Florida. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REISS, KONRAD 1424 SE 15 ST #34 FORT LAUDERDALE, FL 33316	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BARTER, BILL 1424 SE 15 ST #44 FORT LAUDERDALE, FL 33316	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BARTER, BILL 1424 S.E. 15TH ST. #14 FORT LAUDERDALE, FL 33316	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REYNOLDS, ROBERT 1424 SE 15 ST APT 15 FORT LAUDERDALE, FL 33316	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOWMAN, MICHAEL 54 CIR. DR. HOPEWELL JUNCTION, NY 12533	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DDAN MCKENNA 717 SE 17th ST # 293 Ft lauderdale, FL 33316	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Michael Bowman</u> 4-25-06 914-806-2751					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					
MICHAEL BOWMAN					

40076450



04212006 Chg-NP CR2E037 (11/05)