2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721010

FILED Feb 24, 2008 Secretary of State

Entity Name: NORWICH APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1424 S.E. 15TH STREET FORT LAUDERDALE, FL 33316 **Current Mailing Address: New Mailing Address:** 1424 S.E. 15TH STREET FORT LAUDERDALE, FL 33316 FEI Number: 59-1435770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REISS, KONRAD 1424 SE 15TH ST #34 FORT LAUDERDALE, FL 33316 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete REISS, KONRAD Name: Name: 1424 SE 15 ST #34 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: Title: () Delete Title: () Change () Addition Name: REISS, KONRAD Name: Address: 1424 SE 15TH ST #34 Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: Title: DS () Delete Title: () Change () Addition BOWMAN, MICHAEL Name: Name: Address: 54 CIR. DR. Address: City-St-Zip: HOPEWELL JUNCTION, NY 12533 City-St-Zip: () Delete (X) Change () Addition Title: DVP Title: DVP Name: HAWTHORNE, JEFF Name: MCKENNA, DAN Address: 1424 SE 15TH ST. #45 Address: 1424 SE 15TH ST. #14 City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL BOWMAN DS 02/24/2008