

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721010

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** NORWICH APARTMENTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1424 S.E. 15TH STREET  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

1424 S.E. 15TH STREET  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

54 CIRCLE DRIVE  
HOPEWELL JCT., NY 12533

**FEI Number:** 59-1435770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REISS, KONRAD  
1424 SE 15TH ST  
#34  
FORT LAUDERDALE, FL 33316 US

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

BOWMAN, MICHAEL  
1424 SE 15TH ST  
#35  
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: MICHAEL BOWMAN

01/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: REISS, KONRAD  
Address: 1424 SE 15 ST #34  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: DP ( ) Delete  
Name: REISS, KONRAD  
Address: 1424 SE 15TH ST #34  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: DS ( ) Delete  
Name: BOWMAN, MICHAEL  
Address: 54 CIR. DR.  
City-St-Zip: HOPEWELL JUNCTION, NY 12533

Title: DVP ( ) Delete  
Name: MCKENNA, DAN  
Address: 1424 SE 15TH ST. #14  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DT (X) Change ( ) Addition  
Name: BOWMAN, MICHAEL  
Address: 54 CIRCLE DRIVE  
City-St-Zip: HOPEWELL JCT., NY 12533

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

DT

01/15/2009

Electronic Signature of Signing Officer or Director

Date