

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90186 035 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1435770**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKENNA, DAN
1424 SE 15TH ST
UNIT 14
FORT LAUDERDALE FL 33316

Mr. Robert Reynolds
1424 SE 15th St Apt 15
Fort Lauderdale, FL 33316

Name **KONRAD REISS**

Street Address (P.O. Box Number is Not Acceptable) **1424 SE 15 ST. #34**

City **FT LAUDERDALE**

FL

Zip Code **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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Konrad Reiss

(NOTE: Registered Agent signature required when reinstating)

1/14/03

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPT** ☒ Delete
NAME **HAYDON, DUFFY**
STREET ADDRESS **1424 S.E. 15TH STREET, APT 25**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **VPT-D** ☐ Delete
NAME **BERGEY, ROY**
STREET ADDRESS **1424 S.E. 15TH STREET, APT 32**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **PT** ☒ Delete
NAME **MCKENNA, DAN**
STREET ADDRESS **1424 S.E. 15TH ST. #14**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ **DP** ☐ Change ☒ Addition
NAME **ROBERT B. REYNOLDS**
STREET ADDRESS **1424 SE 15 ST. #15**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE ☐ **DVP** ☐ Change ☒ Addition
NAME **GILL BARTER**
STREET ADDRESS **7744 PETERS ROAD PMB 328**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ **DT** ☐ Change ☒ Addition
NAME **KONRAD REISS**
STREET ADDRESS **1424 SE 15 ST. #34**
CITY-ST-ZIP **FT LAUDERDALE, FL 33316**

TITLE ☐ **DS** ☐ Change ☒ Addition
NAME **BARBARA LEWICKI**
STREET ADDRESS **1424 SE 15 ST. #22**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Konrad Reiss

2/4/2003

Daytime Phone #

CR2F037 (10/02)