FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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95 APR -6 AM 6:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742481 (5)

1. Corporation Name

NORWICH G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
NORWICH G 150 W. PALM BEACH FL 33417	NORWICH G 150 W. PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1978
3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-0045417

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GETTINGER, GLORIA
NORWICH G 150 CENTURY VILLAGE
W. PALM BEACH FL 33417

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	GETTINGER, GLORIA	1.2 NAME		
STREET ADDRESS	NORWICH G 150 CEN VILL	1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 00000	1.4 CITY-ST-ZIP	33417	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	GRUNBAUM, MARTA	2.2 NAME		
STREET ADDRESS	NORWICH G 149 CEN VILL	2.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 00000	2.4 CITY-ST-ZIP	33417	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLLANDER, RENAE	3.2 NAME		
STREET ADDRESS	NORWICH G 150	3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 00000	3.4 CITY-ST-ZIP	33417	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	WEINBERGER, SARA	4.2 NAME		
STREET ADDRESS	NORWICHG 154	4.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 00000	4.4 CITY-ST-ZIP	33417	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MINDEL, MICHAEL	5.2 NAME		
STREET ADDRESS	NORWICH G 155	5.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 00000	5.4 CITY-ST-ZIP	33417	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WEINBERGER, BEN	6.2 NAME		
STREET ADDRESS	NORWICH G 154	6.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 00000	6.4 CITY-ST-ZIP	33417	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gloria Gettinger 3/15/95 (407) 683-4862
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #
GLORIA GETTINGER

0011466