

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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: **NORWICH G 150 W. PALM BEACH FL 33417**  
 Mailing Address: **NORWICH G 150 W. PALM BEACH FL 33417**

3. Date Incorporated or Qualified: **04/14/1978**  
 3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business  
 21. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip  
 24. Country  
 25. Country

4. FEI Number: **65-0045417**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 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  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | GETTINGER, GLORIA      |                                 |
| STREET ADDRESS | NORWICH G 150 CEN VILL |                                 |
| CITY-ST-ZIP    | W PALM BCH, FL 00000   |                                 |
| TITLE          | VD                     | <input type="checkbox"/> DELETE |
| NAME           | GRUNBAUM, MARTA        |                                 |
| STREET ADDRESS | NORWICH G 149 CEN VILL |                                 |
| CITY-ST-ZIP    | W PALM BCH, FL 00000   |                                 |
| TITLE          | TD                     | <input type="checkbox"/> DELETE |
| NAME           | HOLLANDER, RENAE       |                                 |
| STREET ADDRESS | NORWICH G 150          |                                 |
| CITY-ST-ZIP    | W PALM BCH, FL 00000   |                                 |
| TITLE          | SD                     | <input type="checkbox"/> DELETE |
| NAME           | WEINBERGER, SARA       |                                 |
| STREET ADDRESS | NORWICHG 154           |                                 |
| CITY-ST-ZIP    | W PALM BCH, FL 00000   |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | MINDEL, MICHAEL        |                                 |
| STREET ADDRESS | NORWICH G 155          |                                 |
| CITY-ST-ZIP    | W PALM BCH, FL 00000   |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | WEINBERGER, BEN        |                                 |
| STREET ADDRESS | NORWICH G 154          |                                 |
| CITY-ST-ZIP    | W PALM BCH, FL 00000   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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)(k), 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: \_\_\_\_\_  
 SIGNATURE REQUIRED: *Gloria Gettinger Pres.*  
 Date: **8/6/96** Daytime Phone #: **407-683-4862**

CR2E037 (3/96)