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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

3. Date Incorporated or Qualified
04/14/1978

3a. Date of Last Report
06/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GETTINGER, GLORIA
STREET ADDRESS NORWICH G 150 CEN VILL
CITY-ST-ZIP W PALM BCH, FL 00000

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME GRUNBAUM, MARTA
STREET ADDRESS NORWICH G 149 CEN VILL
CITY-ST-ZIP W PALM BCH, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME HOLLANDER, RENAE
STREET ADDRESS NORWICH G 150
CITY-ST-ZIP W PALM BCH, FL 00000

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME WEINBERGER, SARA
STREET ADDRESS NORWICHG 154
CITY-ST-ZIP W PALM BCH, FL 00000

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME MINDEL, MICHAEL
STREET ADDRESS NORWICH G 155
CITY-ST-ZIP W PALM BCH, FL 00000

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME WEINBERGER, BEN
STREET ADDRESS NORWICH G 154
CITY-ST-ZIP W PALM BCH, FL 00000

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/97 561-
GLORIA GETTINGER 683-4862
Date Daytime Phone # 0070697

CR2E037 (9/96)