


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90023 042 ****61.25

SECTION 100

NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 742481			
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	

100134 90023 42 *



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/14/1978	
				4. FEI Number 65-0045417	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 FL 85 Zip Code			
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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 _____ 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	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MINDEL, MICHAEL			1.2 NAME			
STREET ADDRESS	NORWICH G 155			1.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH, FL 00000 33417			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JEWETT, TOM			2.2 NAME			
STREET ADDRESS	NORWICH G 163			2.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH, FL 00000 33417			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLLANDER, RENAE			3.2 NAME			
STREET ADDRESS	NORWICH G 150			3.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH, FL 00000 33417			3.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEINBERGER, BEN			4.2 NAME			
STREET ADDRESS	NORWICH G 154			4.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH, FL 00000 33417			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GETTINGER, GLORIA			5.2 NAME			
STREET ADDRESS	NORWICH G 150			5.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH, FL 00000 33417			5.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THAYER, ALICE			6.2 NAME			
STREET ADDRESS	NORWICH G 165			6.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH, FL 00000 33417			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: **Renae Hollander** **1/4/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)