

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90038 012 ****61.25

DOCUMENT # 742481

1. Entity 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 33417-7914**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0045417

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	MINDEL, MICHAEL	NORWICH G 155	W PALM BCH, FL 33417				
VP	JEWETT, TOM	NORWICH G 163	W PALM BCH, FL 33417				
T	HOLLANDER, RENAE	NORWICH G 150	WEST PALM BEACH FL 33417				
S	MINDEL, SHIRLEY	NORWICH G 155	WEST PALM BEACH FL 33417				
D	GETTINGER, GLORIA	NORWICH G 150	W PALM BCH, FL 33417				
D	BROOKS, ALAN	NORWICH G 167	WEST PALM BEACH FL 33417				

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:

Renae Hollander
Renae Hollander 1/13/00
 Signature and typed or printed name of signing officer or director Date

CR2E037 (9/99)