## **2002 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 29, 2002 8:00 am Secretary of State **DOCUMENT # 742481** 1. Entity Name 01-29-2002 90014 033 \*\*\*\*61.25 NORWICH G CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address NORWICH G 150 NORWICH G 150 W. PALM BEACH FL 33417 W. PALM BEACH FL 33417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0045417 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **GETTINGER, GLORIA** NORWICH G 150 CENTURY VILLAGE W. PALM BEACH FL 33417 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CR2E037 (9/01) ☐ Addition TITLE ☐ Delete TITLE NAME GETTINGER, GLORIA NAME STREET ADDRESS NORWICH G 150 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 Change ... ☐ Addition TITLE TITLE ☐ Delete NAME jewett, tom NAME STREET ADDRESS NORWICH G 163 STREET ADDRESS CITY-ST-ZIP W.PALM.BCH, FL 00000:33417 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change HOLLANDER, RENAE NAME NAME STREET ADDRESS NORWICH G 150 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 Delete TITLE SECRETARY Change ■ Addition MEISSINER, WILLIAM NAME MINDEL, SHIRLEY NAME STREET ADDRESS NORWICH G 164 STREET ADDRESS NORWICH G 155 WEST PALM CITY-ST-ZIP WEST PALM BEACH FL 33417 CITY-ST-ZIP 33417 ☐ Addition ☐ Change TITLE ☐ Delete TITLE PACHMAN, STANLEY NAME NAME STREET ADDRESS NORWICH G 153 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 Delete TITLE ☐ Change ☐ Addition TITLE **BROOKS, ALAN** NAME NAME

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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

HOLLANDER

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

NORWICH G 167

WEST PALM BEACH FL 33417

1/8/02 561-683-4862