

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90008 045 ****61.25



DOCUMENT # 742481

1. Entity Name
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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0045417		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 HOLLANDER, RENAE					
				Street Address (P.O. Box Number is Not Acceptable) NORWICH G 150 CENTURY VILLAGE					
				City W. PALM BEACH		FL		Zip Code 33417	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Renae Hollander* **RENAE HOLLANDER, TREASURER**

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	P GETTINGER, GLORIA	<input checked="" type="checkbox"/> Delete	TITLE NAME	P William Meissner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NORWICH G 150		STREET ADDRESS	Norwich G 164	
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP	W Palm Bch, FL 33417	
TITLE NAME	VP JEWETT, TOM	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NORWICH G 163		STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 33417		CITY-ST-ZIP		
TITLE NAME	T HOLLANDER, RENAE	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NORWICH G 150		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE NAME	S MINDEL, SHIRLEY	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NORWICH G 155		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE NAME	D PACHMAN, STANLEY	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NORWICH G 153		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE NAME	D BROOKS, ALAN	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NORWICH G 167		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		

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, T 561-687-0772**

CR2E037 (10/02)