

1995

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N18055** (6)
1. Corporation Name
THE 100 CENTER CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O JOHN G SALATINO
100 SE 6TH AVE B-1
DELRAY BCH FL 33483

3. Date Incorporated or Qualified **12/03/1986** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-6861731** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 * 25 29 30

9. Name and Address of Current Registered Agent
SALATINO, JOHN G
100 SE 6TH AVE B-1
DELRAY BCH FL 33483

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

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, 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 607.0665, Florida Statutes.

SIGNATURE *John G. Salatino* DATE **4-10-95**
Signature (hand or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PO
NAME	CARNEY, ALBERT B
STREET ADDRESS	878 HYACINTH DR
CITY - ST - ZIP	DELRAY BCH FL
TITLE	STD
NAME	SALATINO, JOHN G
STREET ADDRESS	100 SE 6TH AVE B-1
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	D
NAME	SALATINO, VALERIE
STREET ADDRESS	100 SE 6TH AVE B-1
CITY - ST - ZIP	DELRAY BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	700001461007
1.4 CITY - ST - ZIP	-04/20/95--01033--011
2.1 TITLE	***130.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 in an attachment with an address.

SIGNATURE: *John G. Salatino* **JOHN G. SALATINO** DATE **4-10-95** 407-276-6841
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra M. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N18425 (1)**
1. Corporation Name
NORWICH O CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **354 NORWICH O WEST PALM BEACH FL 33417**
Mailing Address: **354 NORWICH O WEST PALM BEACH FL 33417**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/23/1986**
3a. Date of Last Report: **02/21/1994**

4. FEI Number: **59-1892740**
Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **NO** **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. **337 NORWICH O**
22. Suite, Apt. #, etc.: **# 337**
23. City & State: **W. Palm Beach, FL 33417**
24. Zip: **33417** 25. County: **Palm Beach**
26. Mailing Address
26. **NORWICH O**
27. Suite, Apt. #, etc.: **# 337**
28. City & State: **W. Palm Beach, FL**
29. Zip: **33417** 30. Country: **USA**

9. Name and Address of Current Registered Agent: **BELL, ROBERT 354 NORWICH O WEST PALM BEACH FL 33417**
10. Name and Address of New Registered Agent:
81. Name: **Robert Bell**
82. Street Address (P.O. Box Number is Not Acceptable): **354 NORWICH O**
83. City: **WPO FL 33417**
84. City: **WPB FL** 85. Zip Code: **33417**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when nominating)
Signature, typed or printed name of registered agent (and title if applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: PETERPAUL, PATRICK	1.1 TITLE: President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 357 NORWICH O WEST PALM BEACH FL	CITY - ST - ZIP: WEST PALM BEACH FL	1.2 NAME: _____	
TITLE: VD	NAME: BELL, ROBERT	2.1 TITLE: 100001480211	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 354 NORWICH O WEST PALM BEACH FL	CITY - ST - ZIP: WEST PALM BEACH FL	2.2 NAME: _____	
TITLE: D	NAME: BRAMWIT, FLORA	2.3 STREET ADDRESS: ****130.00 ****130.00	
STREET ADDRESS: 350 NORWICH O WEST PALM BEACH FL	CITY - ST - ZIP: WEST PALM BEACH FL	2.4 CITY - ST - ZIP: _____	
TITLE: DST	NAME: COUCHEY, LOUISE	3.1 TITLE: Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 337 NORWICH O WEST PALM BEACH FL	CITY - ST - ZIP: WEST PALM BEACH FL	3.2 NAME: Addl Roberts	
TITLE: _____	NAME: _____	3.3 STREET ADDRESS: 343 NORWICH O W. Palm Beach, FL 33417	
STREET ADDRESS: _____	CITY - ST - ZIP: _____	3.4 CITY - ST - ZIP: W. Palm Beach, FL 33417	
TITLE: _____	NAME: _____	4.1 TITLE: DIR SECRETARY TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY - ST - ZIP: _____	4.2 NAME: Couchey, Louise	
TITLE: _____	NAME: _____	4.3 STREET ADDRESS: 337 NORWICH O W. Palm Beach, FL 33417	
STREET ADDRESS: _____	CITY - ST - ZIP: _____	4.4 CITY - ST - ZIP: W. Palm Beach, FL 33417	
TITLE: _____	NAME: _____	5.1 TITLE: Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY - ST - ZIP: _____	5.2 NAME: John Vujasin	
TITLE: _____	NAME: _____	5.3 STREET ADDRESS: 338 NORWICH O W. Palm Beach, FL	
STREET ADDRESS: _____	CITY - ST - ZIP: _____	5.4 CITY - ST - ZIP: W. Palm Beach, FL	
TITLE: _____	NAME: _____	6.1 TITLE: DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY - ST - ZIP: _____	6.2 NAME: Noah BRAMWIT	
TITLE: _____	NAME: _____	6.3 STREET ADDRESS: 350 NORWICH O W. Palm Beach, FL 33417	
STREET ADDRESS: _____	CITY - ST - ZIP: _____	6.4 CITY - ST - ZIP: W. Palm Beach, FL 33417	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: **Louise A. Couchey** **Louise A. Couchey** 3/25/95 684-0735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mutual Director

Director:

Stephen Maskin

359 Norwich O

W. Palm Beach, FL 33417