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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 JAN 18 AM 9:10

DOCUMENT # N38188 (1)

1. Corporation Name

NORWICH N CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% WILLIAM GERARD 332 NORWICH N W PALM BEACH FL 33417	% WILLIAM GERARD 332 NORWICH N W PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1990
3a. Date of Last Report: 02/03/1994
4. FEI Number: NOT APPLICABLE ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GERARD, WILLIAM
332 NORWICH N
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

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 _____ 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	11 TITLE	☐ Change ☐ Addition
NAME	GERARD, WILLIAM	12 NAME	
STREET ADDRESS	332 NORWICH N	13 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	STONE, JOSEPH	22 NAME	SCHWARTZ, ALLEN
STREET ADDRESS	315 NORWICH N	23 STREET ADDRESS	335 NORWICH N
CITY-ST-ZIP	W PALM BEACH FL	24 CITY-ST-ZIP	W. PALM BEACH FL.
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WELT, FREDA	32 NAME	
STREET ADDRESS	319 NORWICH N	33 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	S ☐ Change ☐ Addition
NAME	GOUNARIS, DONNA	42 NAME	HEIDEN, TINA
STREET ADDRESS	316 NORWICH N	43 STREET ADDRESS	322 NORWICH N
CITY-ST-ZIP	W PALM BEACH FL	44 CITY-ST-ZIP	W PALM BEACH FL.
TITLE	D	51 TITLE	D ☐ Change ☐ Addition
NAME	GOUNARIS, ALEXANDER	52 NAME	MAZZORESE SADIE
STREET ADDRESS	316 NORWICH N	53 STREET ADDRESS	333 NORWICH N
CITY-ST-ZIP	W PALM BEACH FL	54 CITY-ST-ZIP	W PALM BEACH FL.
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	HEIDEN, TINA	62 NAME	SPORN ANNE
STREET ADDRESS	322 NORWICH N	63 STREET ADDRESS	327 NORWICH N
CITY-ST-ZIP	W PALM BEACH FL	64 CITY-ST-ZIP	W PALM BEACH FL

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)(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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: _____ William Gerard 1/12/95 (405)384-1885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00T1407