FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 09 1997 8:00am

Secretary of State

DE LA MARIANTA MARIA TERMER AMARIA TERMER TARRA AMARIA MARIA ANDREA MARIA MERANTA MENANTA MENANTANDA PERMERANDA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N38188

(1)

NORWICH N CONDOMINIUM ASSOCIATION, INC.

Principal Plac	e of Business	Mailing Address	,		EL BIBIL BIBIL BIBIL BIBIL BIBIL BIBIL BIBIL
C/O ALLEN SCHWARTZ 835 NORWICH N W PALM BEACH FL 33417		C/O ALLEN SCHWARTZ 335 NORWICH N W PALM BEACH FL 33417-7972			
				3. Date Incorporated or Qualified 05/17/1990	3a. Date of Last Report 08/12/1996
2. Principal P	lace of Business	26. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	tangible tax under s. 199.032,
24	25	29	30		Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	Istered Agent
<u> </u>			81 Name		
SCHWARTZ, ALLEN 332 NORWICH N			82 Street Ad	dress (P.O. Box Number is Not Acceptable	9)
W PALM	BEACH FL 33417		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	502 and 617,1508, Florida St	atutes, the above-named co	rporation submits this statement for the pu	rpose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE	Slippin V	iiore	(NOTE: Registered Agent signaturing	49'	DATE
12.	Signature, type or printed name of registered a OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	BDM	DELETE	1.1 TITLE DYES!	cooppin Priore	Change Addition
NAME	FRIEDSON, MOLLY		1.2 NAME	321 NOVE CHIN	\bigcirc
STREET ADDRESS	313 NORWICH N		1.3 STREET ADDRESS	321 NOVE CALLO	L 33417 D
CITY-ST-ZIP	W.PALM BEACH FL		1.4 CITY - ST - ZIP	wipalm Black 1 F	
TITLE	PO	L DELETE	2.1 TITLE V P. U	allen Schwattz 335 Norwich N	Change Addition
NAME	SCHWARTZ, ALLEN		2.2 NAME	335 Norwich N	(70)
STREET ADDRESS	335 NORWICH N		2.5 Gillet i Abbiteso	wrolm Reach, FL33	417
CITY-ST-ZIP	W PALM BEACH FL	DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE NAME	DT SEC	,	3.2 NAME SEC E	redu Welt, 1,	CT Change CT Manipor
STREET ADDRESS	319 NORWICH N		3.3 STREET ADDRESS	19 NOTWICH W	·
CITY-ST-ZIP	W PALM BEACH FL	_		work to 33417	
TITLE	BDM	DELETE	4.1 TITLE THES	word Verslander	☐ Change ☐ Addition
NAME	GOLSTEIN, ROSE		4. 2 NAME	215 Not wich N	
\$TREET ADDRESS	171 WELLINGTON J		4.3 STREET ADDRESS	SIS NOT WICH IO	23(17)
CITY-ST-ZIP	W. PALM BEACH FL 39417		4.4 CITY-ST-ZIP	w. Palm Beach, El	- 37411
TITLE	VPD	☐ DELETE	5.1 TITLE	BHtwilliam Gera	Change Addition
NAME	SPORN, ANNE		5.2 NAME	332 Norwich N	
STREET ADDRESS	327 NORWICH N		5.3 STREET ADDRESS	w. Palm Beach, F	C 33417
CITY-ST-ZIP	W PALM BEACH FL SD	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE NAME	MBIDEN, TINA	NO DETERE	6.1 ITALE E. 6.2 NAME	327 Norwich N	[≠] outside ☐ varigitali
STREET ADDRESS	322 NORWICH N		6.3 STREET ADDRESS	327 Norwich N	- mall 12
CITY-ST-ZIP	W PALM BEACH FL		6.4 CITY-ST-ZIP	W. Palm Beach.	FC 53414"
14. do heret	by certify that the information suppli	ied with this filing does not q	ualify for the exemption state	ed in Section 119.07(3)(i), Florida Statutés	I further certify that the
14. I do hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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.					
1000 (50) 697 - 4742					