

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38188** (1)
1. Corporation Name
NORWICH N CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O ALLEN SCHWARTZ 835 NORWICH N W PALM BEACH FL 33417	Mailing Address C/O ALLEN SCHWARTZ 335 NORWICH N W PALM BEACH FL 33417-7972
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/17/1990		3a. Date of Last Report 08/12/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent SCHWARTZ, ALLEN 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 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 *Stephen Priore* DATE *9/2/97*
(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			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	BDM	FRIEDSON, MOLLY	313 NORWICH N W.PALM BEACH FL	☒ Change	☒ Addition		
	PD	SCHWARTZ, ALLEN	335 NORWICH N W PALM BEACH FL	☒ Change	☒ Addition		
	DT	WELT, FRED A	319 NORWICH N W PALM BEACH FL	☒ Change	☒ Addition		
	BDM	GOLSTEIN, ROSE	171 WELLINGTON J W. PALM BEACH FL 33417	☒ Change	☒ Addition		
	VPD	SPORN, ANNE	327 NORWICH N W PALM BEACH FL	☒ Change	☒ Addition		
	SD	MEIDEN, TINA	322 NORWICH N W PALM BEACH FL	☒ Change	☒ Addition		

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 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 *Stephen Priore* DATE *9/2/97*
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

CR2E037 (9/96)