2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 02, 2004 8:00 am Secretary of State **DOCUMENT # N38188** 04-02-2004 90064 033 ****61.25 1. Entity Name NORWICH N CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address ROBERT HENDERSON ROBERT HENDERSON 319 NORWICH N 319 NORWICH N W PALM BEACH FL 33417 W PALM BEACH FL 33417 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-1892740 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWARTZ, ALLEN Street Address (P.O. Box Number is Not Acceptable) 331 NORWICH N W PALM BEACH FL 33417 City Zip Code 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 DATE Stanature. Noed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE □ Delete TITLE Change ☐ Addition HENDERSON, BOB NAME 319 NORWICH W. STREET ADDRESS STREET ADDRESS W.PALM BEACH FL 33417 CITY - ST- 7IP CITY-ST-7/P Change TITLE Delete TITLE Addition GERARD, WILLAMD NAME NAME 332 NORWICH N STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-7/P TITLE TITLE Change ☐ Addition Delete KUSHNER, IRV NAME NAME 315 NORWICH N. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP CiTY-ST-7IP ☐ Delete Change Addition TITLE TITLE SHWARTZ, ALLEN NAME NAME 335 NORWICH N STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GORDON, SARAH NAME NAME 314 NORWICH N. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE BYERS, ALENE NAME NAME 322 NORWICH N. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

127/04 56-682-9872