

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90001 015 ****61.25

DOCUMENT # N38188 1. Entity Name NORWICH N CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business ROBERT HENDERSON 319 NORWICH N W PALM BEACH, FL 33417 US <i>MICHAEL E. MCNELIS</i>		Mailing Address ROBERT HENDERSON 319 NORWICH N W PALM BEACH, FL 33417 US <i>MICHAEL E. MCNELIS</i>	
2. Principal Place of Business 335 NORWICH-N		3. Mailing Address 335 NORWICH-N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
Zip 33417		Country PALM BEACH	
4. FEI Number 59-1892740		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, ALLEN 331 NORWICH N W PALM BEACH, FL 33417		7. Name and Address of New Registered Agent Name <i>MICHAEL E. MCNELIS</i> Street Address (P.O. Box Number is Not Acceptable) 335 NORWICH-N City <i>WEST PALM BEACH, FL</i> Zip Code <i>33417</i>	
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 <i>Michael E. McNelis</i> Signature, typed or printed name of registered agent and title if applicable. PRES. MICHAEL E. MCNELIS DATE <i>7/29/05</i> DATE			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, BOB 319 NORWICH W. W. PALM BEACH, FL 33417 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <i>MICHAEL E. MCNELIS</i> ☒ Change ☐ Addition 335 NORWICH-N W. PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHWARTZ, ALLEN 335 NORWICH N WEST PALM BEACH, FL 33417 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/D <i>ALLEN SHWARTZ</i> ☒ Change ☐ Addition 321 NORWICH-N W. PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORDON, SARAH 314 NORWICH N. WEST PALM BEACH, FL 33417 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <i>THERESA HENDERSON</i> ☒ Change ☐ Addition 319 NORWICH-N W. PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYERS, ALENE 322 NORWICH N. WEST PALM BEACH, FL 33417 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <i>ALENE BYERS</i> ☒ Change ☐ Addition 322 NORWICH-N W PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>LUIS ANAYA</i> ☒ Change ☐ Addition 326 NORWICH-N W. PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Aldelardo Penafiel</i> ☐ Delete 331 Norwich N West Palm Beach, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Aldelardo Penafiel</i> ☒ Change ☐ Addition 331 NORWICH N 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.			
SIGNATURE: <i>Michael E. McNelis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>7/29/05</i> Daytime Phone # <i>561-683-2365</i>	