

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 05 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N42504 (3)**  
 1. Corporation Name  
**NORWICH K CONDOMINIUM ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>NORWICH K APT 250<br/>                 CENTURY VILLAGE<br/>                 WEST PALM BEACH FL 33417</b> | Mailing Address<br><b>NORWICH K APT 250<br/>                 CENTURY VILLAGE<br/>                 WEST PALM BEACH FL 33417</b> |
|--|--|

|   |   |  |
|---|---|--|
| 3. Date Incorporated or Qualified<br><b>03/11/1991</b>  |   |  |
| 4. FEI Number<br><b>59-1649717</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees      |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Country             |
| 24                             | 25                     |
| 29                             | 30                     |

**9. Name and Address of Current Registered Agent**

**HARRINGTON, JOHN  
 NORWICH-K-250  
 CENTURY VILLAGE  
 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   | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PD                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | HARRINGTON JOHN          | <i>resigned</i>                            |
| STREET ADDRESS | NORWICH K APT 250        |  |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33417 |  |
| TITLE          | TD                       | <input type="checkbox"/> DELETE            |
| NAME           | WANTLAND, MARGARET       |  |
| STREET ADDRESS | NORWICH K APT 280        |  |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33417 |  |
| TITLE          | DD                       | <input type="checkbox"/> DELETE            |
| NAME           | KIPNISTZ, ELSIE          |  |
| STREET ADDRESS | NORWICH K APT 249        |  |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33417 |  |
| TITLE          | D                        | <input type="checkbox"/> DELETE            |
| NAME           | KLEIN, ROSE              |  |
| STREET ADDRESS | NORWICH K APT 241        |  |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33417 |  |
| TITLE          | D                        | <input type="checkbox"/> DELETE            |
| NAME           | BECKER, ANN              |  |
| STREET ADDRESS | NORWICH K-250            |  |
| CITY-ST-ZIP    | WEST PALM BEACH FL       |  |
| TITLE          |                          | <input type="checkbox"/> DELETE            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | D HOWARD DUNN  |
| 6.3 STREET ADDRESS | NORWICH K - 249  |
| 6.4 CITY-ST-ZIP    | WPB FL.  |

14. 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 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: \_\_\_\_\_ *Margaret Wantland* 1-10-98 5614875086

CR2E037 (10/97)