

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 23, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90028 020 \*\*\*\*61.25

**DOCUMENT # N42504**

1. Entity Name

**NORWICH K CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

253 NORWICH K  
 CENTURY VILLAGE  
 WEST PALM BEACH FL 33417

Mailing Address

253 NORWICH K  
 CENTURY VILLAGE  
 WEST PALM BEACH FL 33417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1649717**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**YANITY, KAREN**  
 253 NORWICH K  
 CENTURY VILLAGE  
 W. PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

B. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME **D**  Delete  
**DUNN, HOWARD**  
 STREET ADDRESS **244 NORWICH K**  
 CITY-ST-ZIP **WEST PALM BCH FL 33417**

TITLE NAME **T**  Delete  
**WANTLAND, MARGARET**  
 STREET ADDRESS **260 NORWICH K**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE NAME **P**  Delete  
**YANITY, KAREN**  
 STREET ADDRESS **253 NORWICH K**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE NAME **VP**  Delete  
**HARTMAN, KATHERINE**  
 STREET ADDRESS **254 NORWICH K**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE NAME **S**  Delete  
**BECHEL, ROSE**  
 STREET ADDRESS **255 NORWICH K**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE NAME **BOD**  Delete  
**BLUMBERG, MOLLY**  
 STREET ADDRESS **245 NORWICH K**  
 CITY-ST-ZIP **WPB FL 33417**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **BOD**  Change  Addition  
**BLUMBERG, Mollie**  
 STREET ADDRESS **245 NORWICH K**  
 CITY-ST-ZIP **WPB, 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:

*Karen Yanity* **KAREN YANITY** President

2/9/01

561-688-1489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)