


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90048 008 ****61.25

DOCUMENT # N42504						
1. Entity Name NORWICH K CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 256 NORWICH K CENTURY VILLAGE WEST PALM BEACH, FL 33417			Mailing Address 256 NORWICH K CENTURY VILLAGE WEST PALM BEACH, FL 33417			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-1649717		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
KAPLAN, ALAN 256 NORWICH K WEST PALM BEACH, FL 33417			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	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: <u>Alan Kaplan</u>			DATE: <u>3/22/07</u>			
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KAPLAN, ALAN		NAME			
STREET ADDRESS	256 NORWICK K		STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NILES, EDITH		NAME			
STREET ADDRESS	258 NORWICH K		STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOSEFBERG, ROBERT		NAME	VP		
STREET ADDRESS	250 NORWICH K		STREET ADDRESS	GEORGE NAVAS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	252 NORWICH K		
TITLE	T	<input type="checkbox"/> Delete	TITLE			
NAME	HARRISON, HOWARD		NAME	WEST PALM BEACH, FL 33417		
STREET ADDRESS	263 NORWICH K		STREET ADDRESS			
CITY-ST-ZIP	WPB, FL 33417		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	
NAME			NAME		<input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	
NAME			NAME		<input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Alan Kaplan</u>			DATE: <u>3/22/07</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <u>561-242-9531</u>			