

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90119 008 \*\*\*\*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

*260 Norwich  
C.V.  
W.P.B. FL  
33417*

Mailing Address

253 NORWICH K  
CENTURY VILLAGE  
WEST PALM BEACH FL 33417

*90*

2. Principal Place of Business

260 Norwich - K

Mailing Address

*90 Gallagher P.M., Inc*

Suite, Apt. #, etc.

*Century Village*

Suite, Apt. #, etc.

*905 N.W. 10th St*

City & State

*West Palm Beach FL*

City & State

*Boynton Beach FL*

Zip

*33417*

Country

Zip

*33426*

Country

4. FEI Number **59-1649717**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KAREN YANITY**  
253 NORWICH K  
CENTURY VILLAGE  
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name *Margaret Wantland*  
Street Address (P.O. Box Number is Not Acceptable)  
*260 Norwich - K*  
*WEST Palm Beach*  
City **FL** Zip Code *33417*

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 *Margaret Wantland Treasurer*

*03-01-03*

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D</b> DUNN, HOWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	244 NORWICH K	
CITY-ST-ZIP	WEST PALM BCH FL 33417	
TITLE NAME	<b>T</b> WANTLAND, MARGARET	<input type="checkbox"/> Delete
STREET ADDRESS	260 NORWICH K	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE NAME	<b>P</b> YANITY, KAREN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	253 NORWICH K	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE NAME	<b>VP</b> HARTMAN, KATHERINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	254 NORWICH K	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE NAME	<b>S</b> BETHEL, ROSE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	255 NORWICH K	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE NAME	<b>BOD</b> BLOOMBERG, MOLLIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	245 NORWICH K	
CITY-ST-ZIP	WPB FL 33417	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>same</i>	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>same</i>	
CITY-ST-ZIP		
TITLE NAME	<b>SEC</b> Anna Becker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	259 Norwich-K	
CITY-ST-ZIP	W.P.B FL 33417	
TITLE NAME	<b>D</b> Roe Klein	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	241 Norwich - K	
CITY-ST-ZIP	West Palm Beach FL 33417	
TITLE NAME	<b>D</b> Alan Kaplan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	256 Norwich-K	
CITY-ST-ZIP	WEST Palm Beach, FL 33417	
TITLE NAME	<b>D</b> Karen Yanity	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	253 Norwich-K	
CITY-ST-ZIP	W.P.B, 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: **SIGNATURE REQUIRED** *Margaret Wantland 3-1-03*

*561  
687 5086*

CR2E037 (10/02)