

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90007 004 ****61.25

DOCUMENT # N97000006010

1. Corporation Name

NORWICH M CONDO ASSOCIATION, INC.

Principal Place of Business

**300 NORWICH M
WEST PALM BEACH FL 33417**

Mailing Address

**300 NORWICH M
WEST PALM BEACH FL 33417**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/23/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2350901

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

Country

Zip

Country

6. Election Campaign Financing

☐

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWITTER, GEORGE J
300 NORWICH M
WEST PALM BEACH FL 33417**

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **LEWITTER, GEORGE**

STREET ADDRESS **M-300 NORWICH
WEST PALM BEACH FL 33417**

CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **VP** ☐ DELETE

NAME **MERMEY, AARON**

STREET ADDRESS **309-M NORWICH
WEST PALM BEACH FL 33417**

CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **S** ☐ DELETE

NAME **GOTHARDT, ANN**

STREET ADDRESS **297-M NORWICH
WEST PALM BEACH FL 33417**

CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **TD** ☐ DELETE

NAME **LEWITTER, MILDRED**

STREET ADDRESS **M-300 NORWICH
WEST PALM BEACH FL 33417**

CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **D** ☐ DELETE

NAME **WEISHAUS, GERT**

STREET ADDRESS **291-M NORWICH
WEST PALM BEACH FL 33417**

CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **D** ☐ DELETE

NAME **GERBER, FANNY**

STREET ADDRESS **299-M NORWICH
WEST PALM BEACH FL 33417**

CITY-ST-ZIP **WEST PALM BEACH FL 33417**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Signature Required *March 16, 99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)