

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006010

1. Entity Name

NORWICH M CONDO ASSOCIATION, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90177 048 ****61.25

0000674

Principal Place of Business

Mailing Address

300 NORWICH M
WEST PALM BEACH FL 33417

300 NORWICH M
WEST PALM BEACH FL 33417

C0046403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2350901

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

7. Name and Address of New Registered Agent

LEWITTER, GEORGE J
300 NORWICH M
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.

SIGNATURE

Mildred S. Lewitter, Treasurer (MILDRED S. LEWITTER)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **LEWITTER, GEORGE**
STREET ADDRESS **M-300 NORWICH**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **Co-P** ☒ Change ☐ Addition
NAME **LEWITTER, MILDRED**
STREET ADDRESS **M-300 NORWICH**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **VP** ☐ Delete
NAME **MERMEY, AARON**
STREET ADDRESS **309-M NORWICH**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **Co-P** ☒ Change ☐ Addition
NAME **GLASS, HARRY**
STREET ADDRESS **M-292 NORWICH**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **S** ☐ Delete
NAME **GOTHARDT, ANN**
STREET ADDRESS **297-M NORWICH**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **LEWITTER, MILDRED**
STREET ADDRESS **M-300 NORWICH**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WEISHAUS, GERT**
STREET ADDRESS **291-M NORWICH**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GERBER, FANNY**
STREET ADDRESS **299-M NORWICH**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mildred S. Lewitter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

561-687-2951

Daytime Phone #

CR2E037 (10/00)