


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90064 032 ****61.25

DOCUMENT # N97000006010					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2350901	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEWITTER, MILDRED S LEWITER 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	COP & TREASURER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWITTER, MILDRED	NAME			
STREET ADDRESS	M-300 NORWICH	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP			
TITLE	COP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENTLEY, SUSAN	NAME			
STREET ADDRESS	M-289 NORWICH	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEISHAUS, GERT	NAME			
STREET ADDRESS	M-291 NORWICH	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP			
TITLE	RECORDING SECRETARY <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLASS, RITA	NAME	ANDERSON, CARLYNN		
STREET ADDRESS	M-298 NORWICH	STREET ADDRESS	310 NORWICH M		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	WEST PALM BEACH, FL 33417		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, PATRICIA	NAME	MULLING, PATRICIA		
STREET ADDRESS	291-M NORWICH	STREET ADDRESS	294 NORWICH M		
CITY-ST-ZIP	WEST PAM BEACH, FL 33417	CITY-ST-ZIP	WEST PALM BEACH, FL 33417		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLADU, CLAUDE	NAME			
STREET ADDRESS	M-295 NORWICH	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	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: <u>Mildred S. Lewitter</u>		Date: <u>2/19/04</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			