

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90019 028 ***61.25

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03192007 Chg-NP CR2E037 (12/06)

DOCUMENT # N97000006010					
1. Entity Name NORWICH M CONDO ASSOCIATION, INC.					
Principal Place of Business 300 NORWICH M WEST PALM BEACH, FL 33417 US			Mailing Address 2400 CENTREPARK W DR STE 175 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business - No P.O. Box # 289 NORWICH M		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL		City & State SAME		4. FEI Number 59-2350901	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33417	Country PALM BEACH	Zip 33417	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BENTLEY, SUSAN D 289 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 <i>Susan D. Bentley</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 4/27/07	
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 NAME STREET ADDRESS CITY-ST-ZIP	COP LEWITTER, MILDRED M-300 NORWICH WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLAUD GLADD B.D. 295 NORWICH M WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PROSIDENT, TREASURER BENTLEY, SUSAN M-289 NORWICH WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD ANDERSON, CARLYNN 310 NORWICH M WPB, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEISHAUS, GERT M 291 NORWICH WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS GRAVONIC, JULIE 305 NORWICH M WPB, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS ANDERSON, CARLYNN 310 NORWICH M WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD GRAVONIC, JULIE M-305 NORWICH WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD GRAVONIC, NIK M-305 NORWICH WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Susan D. Bentley</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SUSAN D. BENTLEY		Date 3/27/07 Daytime Phone # 561-616-5483	