

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-17-2003 91076 040 ****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**

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

7. Name and Address of New Registered Agent

**LEWITTER, GEORGE MILDRED S.
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

Mildred S. Lewitter

3-28-03

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COP
GLASS, HARRY
M-292 NORWICH
WEST PALM BEACH FL 33417** ☒ Delete

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COP
SUSAN BENTLEY
M-299 NORWICH FL
WEST PALM BEACH, 33417** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T-D
RITTA GLASS
M-298 NORWICH
WEST PALM BEACH, FL 33417** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PATRICIA MULLING
M-294 NORWICH
WEST PALM BEACH, FL 33417** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLAUDE GLADU
M-295 NORWICH
WEST PALM BEACH, FL 33417** ☒ Change ☐ Addition

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 **MILDRED S. LEWITTER 3/12/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/02)