

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90029 046 ****61.25

DOCUMENT # N42504

1. Entity Name

NORWICH K CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

256 NORWICH K
CENTURY VILLAGE
WEST PALM BEACH FL 33417

Mailing Address

256 NORWICH K
CENTURY VILLAGE
WEST PALM BEACH FL 33417



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1649717

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAPLAN, ALAN
256 NORWICH K
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

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

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 P ☐ Delete
NAME KAPLAN, ALAN
STREET ADDRESS 256 NORWICH K
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE S ☐ Delete
NAME NILES, EDITH
STREET ADDRESS 258 NORWICH K
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE V ☒ Delete
NAME NARVAS, GEORGE
STREET ADDRESS 252 NORWICH K
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE T ☐ Delete
NAME HARRISON, HOWARD
STREET ADDRESS 263 NORWICH K
CITY-ST-ZIP WPB FL 33417

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME Lillian Gross
STREET ADDRESS 247 NORWICH K
CITY-ST-ZIP WEST PALM BEACH, FL 33417

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

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

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 exemptions contained in Section 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:

Alan Kaplan, ALAN KAPLAN

March 26, 2008 561-242-4531