

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742481

Entity Name: NORWICH G CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O JUDY MARKOWITZ
99-40 63RD ROAD #9J
REGO PARK, NY 11374**Current Mailing Address:**NORWICH G C/O SEACREST SERVICES INC
2400 CENTREPARK W DR #175
WEST PALM BEACH, FL 33409 US**FEI Number:** 65-0045417**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NESTERMAN, ENID
149 NORWICH G
WEST PALM BEACH, FL 33417 US*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:** ENID NESTERMAN

03/31/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MARKOWITZ, JUDI
Address 99-40 63RD ROAD
9J
City-State-Zip: REGO PARK NY 11374

Title SECRETARY
Name IMBRIALE, LYDIA
Address 866 20TH AVENUE
City-State-Zip: BROOKLYN NY 11214

Title DIRECTOR
Name GILBERT, FRAN
Address 164 NORWICH G
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name MARKOWITZ, RON
Address 54 PEMBROKE DRIVE
City-State-Zip: POUGHKEEPSIE NY 12603

Title TREASURER
Name MANCINI, RENEE
Address 633 JOHNSTON TERRACE
City-State-Zip: STATEN ISLAND NY 10309

Title VP
Name SHATRAVKA, IRINA
Address 1419 SPRINGFIELD ROAD
City-State-Zip: DANFORTH ME 04424

Title DIRECTOR
Name GOLDNER, ROBERT
Address 160 NORWICH G
City-State-Zip: WEST PALM BEACH FL 33417

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUDI MARKOWITZ BY GALE T

PRESIDENT

03/31/2016

Electronic Signature of Signing Officer/Director Detail

Date