

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742481

**FILED**  
**Mar 31, 2014**  
**Secretary of State**  
**CC4049424452**

**Entity Name:** NORWICH G CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

151 NORWICH G  
WEST PALM BEACH, FL 33417

**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:**

BUCHIONI, DORIS  
162 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:** DORIS BUCHIONI

03/31/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BUCHIONI, DORIS  
Address 151 NORWICH G  
City-State-Zip: WEST PALM BEACH FL 33417

Title T  
Name SAAVEDRA, JOSE  
Address 162 NORWICH G  
City-State-Zip: WEST PALM BEACH FL 33417

Title S  
Name MARKOWITZ, JUDI  
Address 148 NORWICH G  
City-State-Zip: WEST PALM BEACH FL 33417

Title VP  
Name BUCCHIONI, DORIS  
Address 151 NORWICH G  
City-State-Zip: WEST PALM BEACH FL 33417

Title D  
Name MINDEL, SHIRLEY  
Address 155 NORWICH G  
City-State-Zip: WEST PALM BEACH FL 33417

Title D  
Name DICKOFF, ABE  
Address 163 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:** JOSE SAAVEDRA

**TREASURER**

03/31/2014

Electronic Signature of Signing Officer/Director Detail

Date