

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742481

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

**FILED**  
**Feb 23, 2018**  
**Secretary of State**  
**CC0472646302**

**Current Principal Place of Business:**

148 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:**

MARKOWITZ, JUDY  
151 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:** JUDY MARKOWITZ

02/23/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

Title           TREASURER  
Name           SCHWARTZ, JOY  
Address        151 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:** JUDY MARKOWITZ

**PRESIDENT**

02/23/2018

Electronic Signature of Signing Officer/Director Detail

Date