

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42504

Entity Name: NORWICH K CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O DIMITRIOS VASILIADES
245 NORWICH K
WEST PALM BEACH, FL 33417**Current Mailing Address:**C/O SHARLENE WIDGEON
6111 HARBOUR GREENS DR
LAKE WORTH, FL 33467 US**FEI Number:** 59-1649717**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WIDGEON, SHARLENE
6111 HARBOUR GREENS DR
LAKE WORTH, FL 33467 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:** SHARLENE A. WIDGEON

03/06/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	S
Name	LEICHTER, JOEL
Address	256 NORWICH K
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	THORNTON, ANTONIA
Address	249 NORWICH K
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DELEGATE
Name	WIDGEON, SHARLENE
Address	C/O SHARLENE WIDGEON 6111 HARBOUR GREENS DR
City-State-Zip:	LAKE WORTH FL 33467

Title	V
Name	FERRARO, RICHARD
Address	242 NORWICH K
City-State-Zip:	WEST PALM BEACH FL 33417

Title	PRESIDENT
Name	VASILIADES, DIMITRIOS
Address	245 NORWICH K
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DELEGATE
Name	BECHTEL, ROSE
Address	255 NORWICH K
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: SHARLENE A. WIDGEON

DELEGATE

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date