

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90053 002 \*\*\*\*61.25

**DOCUMENT # 721010**

1. Entity Name  
**NORWICH APARTMENTS CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**1424 S.E. 15TH STREET  
FORT LAUDERDALE, FL 33316**

Mailing Address  
**1424 S.E. 15TH STREET  
FORT LAUDERDALE, FL 33316**

**66015291**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05142007 Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1435770**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYNOLDS, ROBERT  
1424 SE 15TH ST  
UNIT 15  
FORT LAUDERDALE, FL 33316**

Name **KONRAD - REISS**  
Street Address (P.O. Box Number is Not Acceptable)  
**1424 SE 15TH ST. #34**  
City **Fort Lauderdale** FL **33316**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE **DT** ☐ Delete  
NAME **REISS, KONRAD**  
STREET ADDRESS **1424 SE 15 ST #34**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **DVP** ☐ Change ☒ Addition  
NAME **JEFF HAWTHORNE**  
STREET ADDRESS **1424 SE 15TH ST #45**  
CITY-ST-ZIP **Fort Lauderdale, FL 33316**

TITLE **DVP** ☒ Delete  
NAME **BARTER, BILL**  
STREET ADDRESS **1424 SE 15 ST #44**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **DP** ☒ Change ☐ Addition  
NAME **KONRAD REISS**  
STREET ADDRESS **1424 SE 15TH ST #34**  
CITY-ST-ZIP **Fort Lauderdale, FL 33316**

TITLE **D** ☒ Delete  
NAME **MCKENNA, DAN**  
STREET ADDRESS **757 SOUTHEAST 17TH STREET SUITE 293**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

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

TITLE **DP** ☒ Delete  
NAME **REYNOLDS, ROBERT**  
STREET ADDRESS **1424 SE 15 ST APT 15**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

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

TITLE **DS** ☐ Delete  
NAME **BOWMAN, MICHAEL**  
STREET ADDRESS **54 CIR. DR.**  
CITY-ST-ZIP **HOPEWELL JUNCTION, NY 12533**

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

TITLE ☐ Delete  
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 Chapter 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**KONRAD REISS**

**5/14/07 954-914-1771**