## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 742481** 

FILED Jan 19, 2009 Secretary of State

Entity Name: NORWICH G CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

NORWICH G 150

W. PALM BEACH, FL 33417

**Current Mailing Address: New Mailing Address:** 

NORWICH G 150

W. PALM BEACH, FL 33417

FEI Number: 65-0045417 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLLANDER, RENAE NORWICH G 150 CENTURY VILLAGE W. PALM BEACH, FL 33417

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition WASIEWICZ, MARY ANN Name:

WASIEWICZ, MARY ANNE Name: NORWICH G 145 Address: NORWICH G 145 Address:

WEST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip:

Title: () Delete Title: () Change () Addition

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

Title: () Delete Title: () Change () Addition

HOLLANDER, RENAE, Name: Name: NORWICH G 150 Address:

Address: City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: MINDEL, SHIRLEY Name: MARKOWITZ, JUDI NORWICH G155 Address: Address: NORWICH G 148 City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33417

Title: Title: () Change () Addition

() Delete PACHMAN, STANLEY Name: Name: NORWICH G 153 Address: Address:

City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

BUCCHIONI, DORIS BROOKS, ALAN Name: Name: NORWICH G 167 Address: Address: NORWICH G 151

WEST PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RENAE HOLLANDER Т 01/19/2009