


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90022 016 \*\*\*\*61.25

<b>DOCUMENT # 742782</b> 1. Entity Name NORWICH H CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 176 NORWICH H WEST PALM BEACH, FL 33417			Mailing Address 176 NORWICH H WEST PALM BEACH, FL 33417		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03212007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2367918				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GRIPPO, MARY <i>Treasurer</i> 169 NORWICH H WEST PALM BEACH, FL 33417			7. Name and Address of New Registered Agent Name: <i>Marilyn Johnson, Pres.</i> Street Address (P.O. Box Number is Not Acceptable) <i>176 Norwich H</i> City: <i>WPP</i> State: <i>FL</i> Zip Code: <i>33417</i>		
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: <i>Marilyn Johnson</i> DATE: <i>4/5/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOIS KELLY 176 NORWICH H WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAGLIORE, ROSEMARIE 183 NORWICH H WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIPPO, MARY 169 NORWICH H WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMAY, LISE 179 NORWICH H WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Secretary Teresa Pignatone</i> <i>189 Norwich H</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYER, STEPHEN 184 NORWICH H WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marilyn Johnson 176 Norwich H	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>President Marilyn Johnson</i> <i>176 Norwich H</i>	
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: <i>Marilyn Johnson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4/5/07</i> Daytime Phone #: <i>471-2680</i>		