

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 13, 2008 8:00 am**  
**Secretary of State**

06-13-2008 90002 019 \*\*\*\*61.25

**DOCUMENT # 742782**

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**

**40100000**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05092008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2367918**

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

**GRIPPO, MARY** *Marilyn Johnson*  
**176 NORWICH H  
WEST PALM BEACH, FL 33417**

Name *Marilyn Johnson*  
Street Address (P.O. Box Number is Not Acceptable)  
*176 Norwich H*  
City *WPB* FL Zip Code *33417*

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

*Marilyn Johnson*

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 12, 2008**

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 **VP** ☐ Delete  
NAME **BAGLIORE, ROSEMARIE**  
STREET ADDRESS **183 NORWICH H**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☒ Change ☐ Addition  
NAME *President*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **GRIPPO, MARY**  
STREET ADDRESS **169 NORWICH H**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition  
NAME *Vice President*  
STREET ADDRESS *Joseph Bagliore*  
CITY-ST-ZIP *Delegate*

TITLE **S** ☒ Delete  
NAME **PIGNATONE, TERESA**  
STREET ADDRESS **189 NORWICH H**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☒ Addition  
NAME *Vice President*  
STREET ADDRESS *Lois Kelly*  
CITY-ST-ZIP *186 Norwich H*

TITLE **D** ☒ Delete  
NAME **DYER, STEPHEN**  
STREET ADDRESS **184 NORWICH H**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition  
NAME *Beatrice Grossing*  
STREET ADDRESS  
CITY-ST-ZIP *187 Norwich H*

TITLE **P** ☐ Delete  
NAME **JOHNSON, MARILYN**  
STREET ADDRESS **176 NORWICH H**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☒ Change ☐ Addition  
NAME *Treasurer*  
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:**

*Marilyn Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Marilyn Johnson* 6/8/08 561  
Date Daytime Phone #