

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

40100000



05092008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2367918

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	BAGLIORE, ROSEMARIE	
STREET ADDRESS	183 NORWICH H	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GRIPPO, MARY	
STREET ADDRESS	169 NORWICH H	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PIGNATONE, TERESA	
STREET ADDRESS	189 NORWICH H	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DYER, STEPHEN	
STREET ADDRESS	184 NORWICH H	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, MARILYN	
STREET ADDRESS	176 NORWICH H	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Bagliore	
STREET ADDRESS	Delegate	
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lois Kelly	
STREET ADDRESS	176 Norwich H	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beatrice Grossing	
STREET ADDRESS		
CITY-ST-ZIP	187 Norwich H	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer	
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* Marilyn Johnson Date 6/8/08 561
 Signature and typed or printed name of signing officer or director Daytime Phone # 543 6747