


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90058 040 ****61.25

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # 743130 1. Entity Name NORWICH "F" CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 140 NORWICH F W PALM BEACH, FL 33417 US | | | Mailing Address 140 NORWICH F W PALM BEACH, FL 33417 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-1645082 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent STARR, STEPHANIE 140 NORWICH F W PALM BEACH, FL 33417 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY - ST - ZIP | CP BENNETT, JAMES 126 NORWICH F WEST PALM BEACH, FL 33417 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V YOSKOWITZ, SUSAN 133 NORWICH F WPB, FL 33417 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CPST STARR, STEPHANIE 140 NORWICH F WEST PALM BEACH, FL 33417 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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>Stephanie M. Starr</i> | | | <i>Stephanie M. Starr</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | |
| 02/21/2007 | | | Daytime Phone # | | |
| 561 373 9865 | | | | | |

**ATTACHMENT**
Division of Corporations

Annual Report

40029535

Annual Report Help

Document Number

743130

Business Entity Name

NORWICH "F" CONDOMINIUM ASSOCIATION, INC.

FEI Number

591645082

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

Principal Place of Business

Address

140 NORWICH F

Suite, Apt. #, etc.

City, State

W PALM BEACH

, FL

Zip Code & Country 33417

US

Mailing Address

Address

140 NORWICH F

Suite, Apt. #, etc.

City, State

W PALM BEACH

, FL

Zip Code & Country 33417

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

STARR

STEPHANIE

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 140 NORWICH F

Suite, Apt. #, etc.

City, State

W PALM BEACH

, FL

Zip Code & Country

33417

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

own RA.

ATTACHMENT 40029535
743130**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title CP
Name (Last, First, Middle, Title) BENNETT JAMES

- OR -

Entity Name to serve as
Officer/Director

Street Address 126 NORWICH F
City, State WEST PALM BEACH FL
Zip Code & Country 33417

Title V
Name (Last, First, Middle, Title) YOSKOWITZ SUSAN

- OR -

Entity Name to serve as
Officer/Director

Street Address 137 NORWICH F
City, State WPB FL
Zip Code & Country 33417

Title CPST
Name (Last, First, Middle, Title) STARR STEPHANIE

- OR -

Entity Name to serve as
Officer/Director

Street Address 140 NOWICH F
City, State WEST PALM BEACH FL
Zip Code & Country 33417

Title CP
Name (Last, First, Middle, Title)

- OR -

ATTACHMENT 40029535
743130

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

PRES
Stephanie M. Alvar

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset

Start Over