


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90023 031 \*\*\*\*61.25

<b>DOCUMENT # 743130</b>	
1. Entity Name <b>NORWICH "F" CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>140 NORWICH F W PALM BEACH, FL 33417 US</b>	Mailing Address <b>140 NORWICH F W PALM BEACH, FL 33417 US</b>
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2. Principal Place of Business - No P.O. Box # <b>126 NORWICH F</b>	3. Mailing Address <b>126 NORWICH F</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01092008 Chg-NP CR2E037 (12/06)

City & State <b>W. PALM BEACH, FL</b>	City & State <b>W. PALM BEACH, FL</b>
Zip <b>33417</b>	Zip <b>33417</b>
Country <b>PALM BEACH</b>	Country <b>PALM BEACH</b>

4. FEI Number <b>59-1645082</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>STARR, STEPHANIE 140 NORWICH F W PALM BEACH, FL 33417</b>	
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7. Name and Address of New Registered Agent Name <b>JAMES L. BENNETT</b> Street Address (P.O. Box Number is Not Acceptable) <b>126 NORWICH F</b> City <b>WEST PALM BEACH</b> FL Zip Code <b>33417</b>	
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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 *James L. Bennett* DATE 1-28-2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Rosely L. GAUM 144 NORWICH F WEST PALM BEACH FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOSKOWITZ, SUSAN 133 NORWICH F WPB, FL 33417 <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	CPST STARR, STEPHANIE 140 NORWICH F WEST PALM BEACH, FL 33417 <input checked="" 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
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: *James L. Bennett* DATE 1-28-2008 DAYTIME PHONE # 561-615-7170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR