


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90029 014 ****61.25

DOCUMENT # N19686 1. Entity Name NORWICH J CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O JACK KUSHNER 217 NORWICH J WEST PALM BEACH FL 33417 US			Mailing Address C/O JACK KUSHNER 217 NORWICH J WEST PALM BEACH FL 33417 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1805883	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALBANESI, PAUL 240 NORWICH J WEST PALM BEACH FL 33417				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 <u>PAUL ALBANESI</u> <u><i>Paul Albanesi</i></u> <u>7/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when nonstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By: September 6, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUSHNER, JACK		NAME		
STREET ADDRESS	217 NORWICH J		STREET ADDRESS		
CITY - ST - ZIP	WPB FL 33417		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEINBERG, MINA		NAME		
STREET ADDRESS	232 NORWICH J		STREET ADDRESS		
CITY - ST - ZIP	WPB FL 33417		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTER, KERR		NAME		
STREET ADDRESS	237 NORWICH J		STREET ADDRESS		
CITY - ST - ZIP	WPB FL 33417		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERR, JANET		NAME		
STREET ADDRESS	237 NORWICH J		STREET ADDRESS		
CITY - ST - ZIP	W.P.B. FL 33417		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBANESI, PAUL		NAME		
STREET ADDRESS	240 NORWICH J		STREET ADDRESS		
CITY - ST - ZIP	WPB FL 33417		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEGEL, ANN		NAME	D ANN CASEY	
STREET ADDRESS	228 NORWICH J		STREET ADDRESS	225 NORWICH J	
CITY - ST - ZIP	WPB FL 33417		CITY - ST - ZIP	WPB FL 33417	
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: <u>PAUL ALBANESI</u> <u><i>Paul Albanesi</i></u> <u>7/19/06</u>					