

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N19686

1. Entity Name

NORWICH J CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O JACK KUSHNER
217 NORWICH J
WEST PALM BEACH FL 33417
US

C/O JACK KUSHNER
217 NORWICH J
WEST PALM BEACH FL 33417
US



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

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number

59-1805883

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	PD	<input type="checkbox"/> Delete
NAME	KUSHNER, JACK	
STREET ADDRESS	217 NORWICH J	
CITY-STATE-ZIP	WPB FL 33417	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEINBERG, MINA	
STREET ADDRESS	232 NORWICH J	
CITY-STATE-ZIP	WPB FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTER, KERR	
STREET ADDRESS	237 NORWICH J	
CITY-STATE-ZIP	WPB FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KERR, JANET	
STREET ADDRESS	237 NORWICH J	
CITY-STATE-ZIP	W.P.B. FL 33417	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALBANESI, PAUL	
STREET ADDRESS	240 NORWICH J	
CITY-STATE-ZIP	WPB FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASEY, ANN	
STREET ADDRESS	228 NORWICH J	
CITY-STATE-ZIP	WPB FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000601839	
STREET ADDRESS	01/26/07-80064-022 61.25	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Paul Albanesi* **TREASURER**

1-2207 561-683-9330