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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42504 (3)
1. Corporation Name
NORWICH K CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business NORWICH K APT 250 CENTURY VILLAGE WEST PALM BEACH FL 33417	Mailing Address NORWICH K APT 250 CENTURY VILLAGE WEST PALM BEACH FL 33417
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3. Date incorporated or Qualified 03/11/1991	3a. Date of Last Report 03/22/1996
4. FEI Number 59-1649717	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
JOHN HARRINGTON - President
~~GROSS, ELIZABETH~~
**NORWICH K 250
CENTURY VILLAGE
W. PALM BEACH FL 33417**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE John T. Harrington President DATE 3/20/1997

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	HARTMAN, KATHERINE	
STREET ADDRESS	NORWICH K 254	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	GROSS, ELIZABETH	
STREET ADDRESS	NORWICH K 247	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	HOROWITZ, ANNA	
STREET ADDRESS	NORWICH K 243	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	BLOOMBERG, MOLLIE	
STREET ADDRESS	NORWICH K 245	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	RUPP, JANE	
STREET ADDRESS	NORWICH K 284	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input checked="" type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	President		
1.3 STREET ADDRESS	John Harrington		
1.4 CITY-ST-ZIP	250 NORWICH-K WEST PALM BEACH FL		
2.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Treasurer		
2.3 STREET ADDRESS	Margaret Wentland		
2.4 CITY-ST-ZIP	260 Norwich-K WPB FL		
3.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Elsie Kipnis		
3.3 STREET ADDRESS	249 Norwich-K		
3.4 CITY-ST-ZIP	WPB FL		
4.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Rose Klein		
4.3 STREET ADDRESS	241 Norwich-K		
4.4 CITY-ST-ZIP	WPB FL		
5.1 TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Ann Becker		
5.3 STREET ADDRESS	259 Norwich K		
5.4 CITY-ST-ZIP	WPB FL		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	600002144276		
6.3 STREET ADDRESS	-04/16/97--01002--005		
6.4 CITY-ST-ZIP	***245.00		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret Wentland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078871

CR2E037 (9/96)