
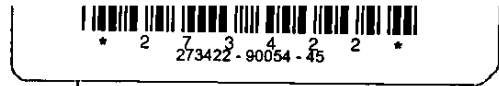


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Feb 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42504
 1. Corporation Name
NORWICH K CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business NORWICH K APT 253 CENTURY VILLAGE WEST PALM BEACH FL 33417	Mailing Address NORWICH K APT 253 CENTURY VILLAGE WEST PALM BEACH FL 33417
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2. Principal Place of Business 21 253 NORWICH K	2a. Mailing Address 28 253 NORWICH-K	3. Date Incorporated or Qualified 03/11/1991
Suite, Apt. #, etc. 22 CENTURY VILLAGE	Suite, Apt. #, etc. 27 CENTURY VILLAGE	4. FEI Number 59-1649717
City & State 23 WEST PALM BEACH	City & State 28 WEST PALM BEACH FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 FL 33417	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HARRINGTON, JOHN NORWICH-K-250 CENTURY VILLAGE W. PALM BEACH FL 33417	10. Name and Address of New Registered Agent 81 Name KAREN YANITY 82 Street Address (P.O. Box Number is Not Acceptable) 253 NORWICH-K 83 CENTURY VILLAGE 84 City W PALM BEACH FL 85 Zip Code 33417
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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: Karen Yanity DATE: 3-17-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME DUNN, HOWARD STREET ADDRESS NORWICH K 244 CITY-ST-ZIP WEST PALM BCH FL 33417	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT 1.2 NAME KAREN YANITY 1.3 STREET ADDRESS 253 NORWICH-K 1.4 CITY-ST-ZIP WEST PALM BCH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME WANTLAND, MARGARET STREET ADDRESS NORWICH K APT 260 CITY-ST-ZIP WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT 2.2 NAME KATHERINE HARTMAN 2.3 STREET ADDRESS 254 NORWICH-K 2.4 CITY-ST-ZIP WEST PALM BCH FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DD NAME KIPNISTZ, ELSIE STREET ADDRESS NORWICH K APT 249 CITY-ST-ZIP WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TREASURER 3.2 NAME MARGARET WANTLAND 3.3 STREET ADDRESS 260 NORWICH K 3.4 CITY-ST-ZIP WEST PALM BCH FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME KLEIN, ROSE STREET ADDRESS NORWICH K APT 241 CITY-ST-ZIP WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SECRETARY 4.2 NAME ROSE BEETHEL 4.3 STREET ADDRESS 255 NORWICH-K 4.4 CITY-ST-ZIP WEST PALM BCH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BECKER, ANN STREET ADDRESS NORWICH K-259 CITY-ST-ZIP WEST PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE DIRECTOR 5.2 NAME HOWARD DUNN 5.3 STREET ADDRESS 244 NORWICH-K 5.4 CITY-ST-ZIP WEST PALM BCH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE BOARD OF DIRECTORS 6.2 NAME MOLLY BLUMBERG 6.3 STREET ADDRESS 245 NORWICH-K 6.4 CITY-ST-ZIP WEST PALM BCH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: Karen Yanity DATE: 1/5/99 DAYTIME PHONE: 561-684-8747
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)