

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90044 007 ****61.25

60013470



01202005 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1725969

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROCCANOVA, ANNAMARIE
NORWICH E CONDOMINIUM
CENTURY VILLAGE, APT. E-117
WEST PALM BEACH, FL 33417

7. Name and Address of New Registered Agent

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 *Anna Marie Rocanova* ANNA MARIE ROCCANOVA

2/8/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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	DP	<input type="checkbox"/> Delete
NAME	TORREY, CAROL	
STREET ADDRESS	NORWICH E 120	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	EVANS, RICHARD	
STREET ADDRESS	NORWICH E 102	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	ROCCANOVA, ANNAMARIE	
STREET ADDRESS	NORWICH E-117	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLIKIN, HERB	
STREET ADDRESS	NORWICH E 104	
CITY - ST - ZIP	W. PALM BEACH, FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	GABRIEL, CAROL	
STREET ADDRESS	99 NORWICH E	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	CYR, AUGUSTIN	
STREET ADDRESS	NORWICH E 98	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	

11. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D RAYMOND WRIGHT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	NORWICH E 107	
CITY - ST - ZIP	W. PALM BEACH, FL 33417	
TITLE	SECRETARY DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: *Anna Marie Rocanova* ANNA MARIE ROCCANOVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06 (813) 697-3074

Date Daytime Phone #