
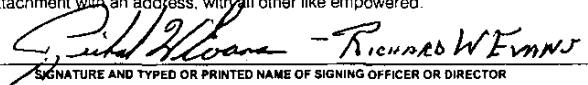


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90058 041 ***61.25

DOCUMENT # N48225 1. Entity Name NORWICH E CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business NORWICH E. CONDOMINIUM CENTURY VILLAGE APT. E-117 WEST PALM BEACH, FL 33417		Mailing Address SEACREST SERVICES INC. 2400 CENTREPARK DR. W. SUITE 175 WEST PALM BEACH, FL 33409	
2. Principal Place of Business - No P.O. Box # NORWICH E. CONDOMINIUM		3. Mailing Address Suite, Apt. #, etc. CENTURY VILLAGE APT. E 117	
City & State WEST PALM BEACH FL.		City & State WEST PALM BEACH FL.	
Zip 33417	Country USA	Zip 33417	Country USA
4. FEI Number 59-1725969		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GLIKIN, HERBERT NORWICH E CONDOMINIUM CENTURY VILLAGE, APT. E-104 WEST PALM BEACH, FL 33417		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NORWICH E CONDOMINIUM CENTURY VILLAGE APT E-117 City WEST PALM BEACH FL Zip Code 33417	
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 ROCCANOVA - TRES - 2-7-08	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DPT GLIKIN, HERBERT NORWICH E 104 WEST PALM BEACH, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROCCANOVA, ANNA MARIE NORWICH-E 117 WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DDP EVANS, RICHARD NORWICH E 102 WEST PALM BEACH, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOONEY, ANTHONY NORWICH-E 113 WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPECTOR, SHIRLEY NORWICH E 106 WEST PALM BEACH, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORREY, CARROLL NORWICH-E 120 WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, RAYMOND NORWICH E 107 W. PALM BEACH, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GABRIEL, CAROL 99 NORWICH E WEST PALM BEACH, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYR, AUGUSTIN NORWICH E 98 WEST PALM BEACH, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST PALM BEACH, 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: 		2-7-08 561-682-3528	