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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721249 (1)
1. Corporation Name
RAPALLO CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1701 SOUTH FLAGLER DR. W PALM BCH FL 33401 1701 SOUTH FLAGLER DR. W PALM BCH FL 33401

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/28/1971 3a. Date of Last Report 03/22/1994
4. FEI Number 59-1440219 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CRIBBET, CHERYL L
1701 S. FLAGLER DR
WEST PALM BEACH FL 33401

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Cheryl L. Cribbet, manager DATE 4/14/95
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACI BARTLETT	1.2 NAME	
STREET ADDRESS	1701 S. FLAGLER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TED, COOKE	2.2 NAME	George Hedeman
STREET ADDRESS	1701 S. FLAGLER DR.	2.3 STREET ADDRESS	1701 So. Flagler Drive
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Beach, Fl.
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRKEN, MARGE	3.2 NAME	Maurice Decker
STREET ADDRESS	1701 S. FLAGLER DR.	3.3 STREET ADDRESS	1701 S. Flagler Drive
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	West Palm Beach, Fl.
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, BERNARD	4.2 NAME	Ruth Knox
STREET ADDRESS	1701 S. FLAGLER DR.	4.3 STREET ADDRESS	1701 So. Flagler Dr.
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	West Palm Beach, Fl.
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, LOUISE	5.2 NAME	President
STREET ADDRESS	1701 S. FLAGLER DR.	5.3 STREET ADDRESS	Louise Cox
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	1701 S. Flagler Dr.
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIERER, RICHARD	6.2 NAME	Renee Mathis
STREET ADDRESS	1701 S. FLAGLER DR.	6.3 STREET ADDRESS	1701 S. Flagler Dr.
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	West Palm Beach, Fl.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Staci Bartlett DATE 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR

Staci Bartlett, President