

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified: **06/28/1971**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **59-1440219**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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: **Buddy G. Hubbell**
82 Street Address (P.O. Box Number is Not Acceptable): **1701 S. Flagler Dr.**
83
84 City: **West Palm Beach** FL 85 Zip Code: **33401**

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 617.1503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	STACI BARTLETT
STREET ADDRESS	1701 S. FLAGLER DR.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	HEIDIMAN, GEORGE
STREET ADDRESS	1701 S FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	DECKER, MAURICE
STREET ADDRESS	1701 S FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KNOX, RUTH
STREET ADDRESS	1701 S FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	COX, LOUISE
STREET ADDRESS	1701 S FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MATIS, ROSALIE
STREET ADDRESS	1701 S FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **3/14/96** **407-832-4183**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)