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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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96  
Date

407-832-4183  
Daytime Phone #

CR2E037 (12/95)