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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33401-7344
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3. Date Incorporated or Qualified 06/28/1971	3a. Date of Last Report 03/27/1996
4. FEI Number 59-1440219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**HUBBELL, BUDDY G.
1701 S. FLAGLER DRIVE
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
81 Name **Peter C. Mottler, Treasurer
Becker + Poliakoff, PA**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **500 Australian Ave**
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 617.0503, Florida Statutes.

SIGNATURE _____ DATE **3/10/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/> DELETE	P
NAME	STACI BARTLETT
STREET ADDRESS	1701 S. FLAGLER DR.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE <input type="checkbox"/> DELETE	T
NAME	HEIDIMAN, GEORGE
STREET ADDRESS	1701 S FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE <input checked="" type="checkbox"/> DELETE	S
NAME	DECKER, MAURICE
STREET ADDRESS	1701 S FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE <input type="checkbox"/> DELETE	D
NAME	KNOX, RUTH
STREET ADDRESS	1701 S FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE <input type="checkbox"/> DELETE	VP
NAME	COX, LOUISE
STREET ADDRESS	1701 S FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE <input checked="" type="checkbox"/> DELETE	D
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P
1.2 NAME	J.D. Matis
1.3 STREET ADDRESS	1701 S. Flagler Dr
1.4 CITY-ST-ZIP	WPB, FL 33401
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	John Wolosin D
3.2 NAME	1701 S. Flagler Dr
3.3 STREET ADDRESS	WPB FL 33401
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S
6.2 NAME	Thelma Leonard
6.3 STREET ADDRESS	1701 S. Flagler Dr
6.4 CITY-ST-ZIP	WPB FL 33401

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

CR2E037 (9/96)