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**Mar 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 06/28/1971		
4. FEI Number 59-1440219	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
**BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVE
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	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	MATIS, J.D.
STREET ADDRESS	1701 S. FLAGLER DR.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	HEIDIMAN, GEORGE
STREET ADDRESS	1701 S FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WOLOSIN, JOHN D.
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 checked="" type="checkbox"/> DELETE
NAME	COX, LOUISE
STREET ADDRESS	1701 S FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	LEONARD, THELMA
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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kalnitsky, EUGENE
1.3 STREET ADDRESS	1701 S. Flagler Dr
1.4 CITY-ST-ZIP	WEST Palm Bch, FL 33401
2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cooke, Theodore
2.3 STREET ADDRESS	1701 S. Flagler Dr.
2.4 CITY-ST-ZIP	WPB, FL 33401
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Howard, Sol
3.3 STREET ADDRESS	1701 S. Flagler Dr.
3.4 CITY-ST-ZIP	WPB, FL 33401
4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Knox, Ruth
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kaplan, Leonard
5.3 STREET ADDRESS	1701 S. Flagler Dr
5.4 CITY-ST-ZIP	West Palm Bch, FL 33401
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 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: *Thelma A. Leonard* **Thelma A. Leonard** **(561) 832-4183**

CR2E037 (10/97)