

FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90142 042 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721249

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/28/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1440219 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>BECKER &amp; POLIAKOFF, P.A. 500 AUSTRALIAN AVE WEST PALM BEACH FL 33401</b>	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City <b>FL</b>
	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>KALNITSKY, EUGENE</del>	1.2 NAME	ERIKA BOUGAE
STREET ADDRESS	<del>1701 S FLAGLER DR</del>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<del>WEST PALM BEACH FL 33401</del>	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, THEODORE	2.2 NAME	
STREET ADDRESS	1701 S FLAGLER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	EUGENE Kalnitsky <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HOWARD, SOL</del>	3.2 NAME	D
STREET ADDRESS	<del>1701 S FLAGLER DR</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>WEST PALM BEACH FL 33401</del>	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOX, RUTH	4.2 NAME	
STREET ADDRESS	1701 S FLAGLER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SEC <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>KAPLAN, LEONARD</del>	5.2 NAME	Jackie Liebert
STREET ADDRESS	<del>1701 S FLAGLER DR</del>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<del>WEST PALM BEACH FL 33401</del>	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD, THELMA	6.2 NAME	D Robert Beck
STREET ADDRESS	1701 S FLAGLER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 3/4/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone # 561-832-4183

CR2E037 (11/98)