

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90005 019 ****61.25

DOCUMENT # 721249

1. Entity Name

RAPALLO CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1701 SOUTH FLAGLER DR.
 W PALM BCH FL 33401

1701 SOUTH FLAGLER DR.
 W PALM BCH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1440219

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKER, EDWARD
ST. JOHN, DICKER, CAPLAN, KRIVOK, ET.AL.
500 AUSTRALIAN AVENUE SOUTH, SUITE 600
WEST PALM BEACH FL 33401

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BOUGAR, ERIKA	
STREET ADDRESS	1701 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	T	<input type="checkbox"/> Delete
NAME	COOKE, THEODORE	
STREET ADDRESS	1701 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	KALNITSKY, EUGENE	
STREET ADDRESS	1701 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KNOX, RUTH	
STREET ADDRESS	1701 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LIEBERT, JACKIE	
STREET ADDRESS	1701 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECK, ROBERT	
STREET ADDRESS	1701 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bougar, Erika	
STREET ADDRESS	1701 S. Flagler Dr	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP Obst, Emily	
STREET ADDRESS	1701 S. Flagler Dr	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Erika Bougar*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIKA BOUGAR 7/12/00
 Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)