

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721249

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE P ☐ Delete
NAME BOUGAR, ERIKA
STREET ADDRESS 1701 S FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE T ☒ Delete
NAME COOKE, THEODORE
STREET ADDRESS 1701 S FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☐ Delete
NAME KALNITSKY, EUGENE
STREET ADDRESS 1701 S FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE VP ☒ Delete
NAME KNOX, RUTH
STREET ADDRESS 1701 S FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH FL

TITLE S ☐ Delete
NAME LIEBERT, JACKIE
STREET ADDRESS 1701 S FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☐ Delete
NAME BECK, ROBERT
STREET ADDRESS 1701 S FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME Tsaug, CARL
STREET ADDRESS 1701 So. Flagler Dr.
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME OBST, EMILY
STREET ADDRESS 1701 So. Flagler Dr.
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Kiyokawa Peter
STREET ADDRESS 1701 So. Flagler Dr.
CITY-ST-ZIP West Palm Beach, FL 33401

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/01 361-832-8183

Date

Daytime Phone #

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90012 003 ****61.25

A0043797



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1440219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)