

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-09-2001 90012 003 ****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

A0043797



DO NOT WRITE IN THIS SPACE

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**

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 checked="" 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Tsang, CARL | |
| STREET ADDRESS | 1701 So. 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 | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | OBST, EMILY | |
| STREET ADDRESS | 1701 So. 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 | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 #

CR2E037 (10/00)