


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90006 044 ****61.25

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
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01052005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-1440219	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DICKER, EDWARD
 1818 AUSTRALIAN AVE SOUTH
 SUITE 400
 WEST PALM BEACH, FL 33409

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECK, ROBERT 1701 S FLAGLER DR., #1407 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLECKNER, KATHLEEN 1701 SOUTH FLAGLER DRIVE # 1102 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVELYN, MOTT 1701 SOUTH FLAGLER DR. W PALM BCH, FL 33401 DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, LOUISE 1701 S FLAGLER DR., #401 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIEBERT, JACQUELINE 1701 SOUTH FLAGLER DRIVE # 48 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKENNEY, CHARLES 1701 SOUTH FLAGLER DRIVE # 802 WEST PALM BEACH, FL 33401

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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: *Swan Denger* *Manager for the Association* 1-2-05 561-832-4183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #