


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90024 004 \*\*\*\*61.25

<b>DOCUMENT # 722805</b> 1. Entity Name <b>RAPALLO SOUTH, INC.</b>					
Principal Place of Business <b>1801 S. FLAGLER DR. W. PALM BEACH, FL 33401</b>			Mailing Address <b>1801 S. FLAGLER DR. W. PALM BEACH, FL 33401</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NASON, GULDAN, YEAGER &amp; GERSON 1645 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33402</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOORE, REID</b> <input type="checkbox"/> Delete <b>1801 S FLAGLER DRIVE</b> <b>WEST PALM BEACH, FL 33401</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FARBER, Helen</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1801 S. Flagler Drive</b> <b>West Palm Beach FL, 33401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SHOR, MORTON</b> <input type="checkbox"/> Delete <b>1801 S. FLAGLER DRIVE</b> <b>WEST PALM BEACH, FL 33401</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Kirkbride, Nicholas</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1801 S. Flagler Drive</b> <b>West Palm Beach, FL 33401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HOLDEN, TED</b> <input type="checkbox"/> Delete <b>1801 S. FLAGLER DRIVE</b> <b>WEST PALM BEACH, FL 33401</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2nd VP HARMON, ALFRED</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1801 S. Flagler Drive</b> <b>West Palm beach, FL 33401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ARTULLO, MARIA</b> <input checked="" type="checkbox"/> Delete <b>1801 S. FLAGLER DRIVE</b> <b>WEST PALM BEACH, FL 33401</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Philip Tilearcio</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1801 S. Flagler Drive</b> <b>West Palm Beach, FL 33401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KNAPP, STANLEY</b> <input type="checkbox"/> Delete <b>1801 S FLAGLER DR</b> <b>WEST PALM BEACH, FL 33401</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EVERETT, CLAIRE</b> <input type="checkbox"/> Delete <b>1801 S. FLAGER DR.</b> <b>WEST PALM BEACH, FL 33401</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>7/17/05</b> Daytime Phone # _____		

26064330



07082005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-1440220** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required