

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90005 036 ****61.25



DOCUMENT # 721249
 1. Entity Name
RAPALLO CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1701 SOUTH FLAGLER DR. 1701 SOUTH FLAGLER DR.
W PALM BCH FL 33401 W PALM BCH FL 33401



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number Applied For
59-1440219 Not Applicable
 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

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

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE PD NAME BECK, ROBERT STREET ADDRESS 1701 S FLAGLER DR., #1407 CITY-ST-ZIP WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE TD NAME BLECKNER, KATHLEEN STREET ADDRESS 1701 SOUTH FLAGLER DRIVE # 1102 CITY-ST-ZIP WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE D NAME COX, LOUISE STREET ADDRESS 1701 S FLAGLER DR., #401 CITY-ST-ZIP WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE SD NAME LIEBERT, JACQUELINE STREET ADDRESS 1701 SOUTH FLAGLER DRIVE # 48 CITY-ST-ZIP WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE VD NAME MCKENNEY, CHARLES STREET ADDRESS 1701 SOUTH FLAGLER DRIVE # 802 CITY-ST-ZIP WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE VP NAME MARTIN SEARS STREET ADDRESS 1701 S. Flagler Dr. #701 CITY-ST-ZIP West Palm Beach, FL 33401	<input type="checkbox"/> Delete ADD

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME TED TRIBOLATI STREET ADDRESS 1701 S. Flagler Dr. #203 CITY-ST-ZIP West Palm Beach, Fl. 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 119, 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 life empowered.

SIGNATURE: *Kathleen Bleckner*

3/1/06 361-832-4183