


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91395 038 ****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


2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1440219** Applied For
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

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	D	<input checked="" 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	TSANG, CARL	
STREET ADDRESS	1701 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KALNITSKY, EUGENE	
STREET ADDRESS	1701 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EVELYN, MOTT	
STREET ADDRESS	1701 SOUTH FLAGLER DR.	
CITY-ST-ZIP	W PALM BCH FL 33401	
TITLE	SD	<input checked="" 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	KYOKOWA, PETER	
STREET ADDRESS	1701 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change
NAME	Barbara Albre	
STREET ADDRESS	1701 S. Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Beck	
STREET ADDRESS	1701 S. Flagler Drive 1407	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emily Obst	
STREET ADDRESS	1701 S. Flagler Drive 908	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louise Cox -	
STREET ADDRESS	1701 S. Flagler Drive 401	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	AT, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen Johnson Bleckner	
STREET ADDRESS	1701 S. Flagler Drive 1102	
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, without being so empowered.

SIGNATURE: *[Handwritten Signature]* Pres. 4/17/03 - 561-832-4183

CR2E037 (10/02)