

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90045 049 ****61.25

DOCUMENT # 722805

1. Entity Name

RAPALLO SOUTH, INC.



Principal Place of Business

**1801 S. FLAGLER DR.
W. PALM BEACH FL 33401**

Mailing Address

**1801 S. FLAGLER DR.
W. PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1440220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NASON, GULDAN, YEAGER & GERSON
1645 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33402**

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

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

Due By May 1, 2004

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 **P** ☒ Delete
NAME **MOORE, REID**
STREET ADDRESS **1801 S FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **V** ☒ Delete
NAME **SUGHRUE, BABETTE**
STREET ADDRESS **1801 S. FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **T** ☒ Delete
NAME **HOLDEN, TED**
STREET ADDRESS **1801 S. FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☒ Delete
NAME **BURR, HENRY**
STREET ADDRESS **1801 S. FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☐ Delete
NAME **KNAPP, STANLEY**
STREET ADDRESS **1801 S FLAGLER DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☐ Delete
NAME **EVERETT, CLAIRE**
STREET ADDRESS **1801 S. FLAGLER DR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **MOORE, REID**
STREET ADDRESS **1801 S. FLAGLER DR.**
CITY-ST-ZIP **W. PALM BCH, FL 33401**

TITLE **VP** ☐ Change ☒ Addition
NAME **SHOR, MORTON**
STREET ADDRESS **1801 S. FLAGLER DR.**
CITY-ST-ZIP **W. PALM BCH, FL 33401**

TITLE **P** ☒ Change ☐ Addition
NAME **E.W. HOLDEN**
STREET ADDRESS **1801 S. FLAGLER DR**
CITY-ST-ZIP **W. PALM BCH, FL 33401**

TITLE **S** ☐ Change ☒ Addition
NAME **PATULLO, MARIA**
STREET ADDRESS **1801 S. FLAGLER**
CITY-ST-ZIP **W. PALM BCH, FL 33401**

TITLE **T** ☐ Change ☒ Addition
NAME **KIRKBRIDE, NICHOLAS**
STREET ADDRESS **1801 S. FLAGLER DR**
CITY-ST-ZIP **W. PALM BCH, FL 33401**

TITLE **D** ☐ Change ☒ Addition
NAME **FARBER, HELEN**
STREET ADDRESS **1801 S. FLAGLER DR**
CITY-ST-ZIP **W. PALM BCH, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.W. HOLDEN

Date

Daytime Phone #

2/3/04 561-882-7581

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Attachment

44024852 PAGE 2

DOCUMENT # 722805 1. Entity Name RAPALLO SOUTH, INC.						
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2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number 59-1440220		
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NASON, GOLDAN, YEAGER & GERSON 1645 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33402				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.				DATE		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004			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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, REID 1801 S FLAGLER DRIVE WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. HARMON, ALFRED 1801 S. FLAGLER DR W. PALM BCH, FL 33401	☐ Change ☒ Addition	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #