

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745408 (5)

1. Corporation Name

BARBICAN CONDOMINIUM APARTMENTS, INC.



Principal Place of Business Mailing Address
C/O ASSOCIATE PROPERTY MANAGEMENT
400 S. DIXIE HWY., #10
LAKE WORTH FL 33460
US

3. Date Incorporated or Qualified **12/29/1978**
3a. Date of Last Report **03/28/1995**
4. FEI Number **59-1965348**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**C/O ASSOCIATE PROPERTY MANAGEMENT
400 S. DIXIE HWY.
SUITE 10
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROTTA, PATRICIA	1.2 NAME	PD Cheri Sanders
STREET ADDRESS	3801 S. OCEAN BLVD. #302	1.3 STREET ADDRESS	3601 S. Ocean Blvd, #404
CITY-ST-ZIP	S. PALM BCH. FL	1.4 CITY-ST-ZIP	SPB, FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, BEVERLY	2.2 NAME	VD Anthony Fatica
STREET ADDRESS	3801 S. OCEAN BLVD. #204	2.3 STREET ADDRESS	3601 S. Ocean Blvd, #104
CITY-ST-ZIP	S. PALM BCH. FL	2.4 CITY-ST-ZIP	SPB, FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTNEY, LAURIE	3.2 NAME	SD Elsa Harden
STREET ADDRESS	3601 S. OCEAN BLVD. #501	3.3 STREET ADDRESS	3601 S. Ocean Blvd, #607
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	SPB, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIPPS, LUCY	4.2 NAME	TD Eivor Hannus
STREET ADDRESS	3801 S OCEAN BLVD #106	4.3 STREET ADDRESS	3601 S. Ocean Blvd, #402
CITY-ST-ZIP	PALM BCH. FL	4.4 CITY-ST-ZIP	SPB, FL
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUEHLER, KENNETH	5.2 NAME	
STREET ADDRESS	3601 S OCEAN BLVD #604	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDEN, ELSA	6.2 NAME	
STREET ADDRESS	2601 S. OCEAN BLVD #607	6.3 STREET ADDRESS	
CITY-ST-ZIP	S. PALM BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cheri K. Sanders 3/12/96 407-547-5692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)