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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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	C/O ASSOCIATE PROPERTY MANAGEMENT 400 S. DIXIE HWY., #10 LAKE WORTH FL 33460-4455 US

3. Date Incorporated or Qualified 12/29/1978	3a. Date of Last Report 04/05/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1965348	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C/O ASSOCIATE PROPERTY MANAGEMENT
400 S. DIXIE HWY.
SUITE 10
LAKE WORTH FL 33460

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	

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	PD SANDERS, CHERI <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, CHERI	1.2 NAME	
STREET ADDRESS	3601 SOUTH OCEAN BLVD #404	1.3 STREET ADDRESS	
CITY - ST - ZIP	S PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD FATICA, ANTHONY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FATICA, ANTHONY	2.2 NAME	
STREET ADDRESS	3601 S OCEAN BLVD #104	2.3 STREET ADDRESS	
CITY - ST - ZIP	S PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	SD HARDEN, ELSA <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDEN, ELSA	3.2 NAME	
STREET ADDRESS	3601 S OCEAN BLVD #807	3.3 STREET ADDRESS	
CITY - ST - ZIP	S PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	TD HANNUS, EIVOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNUS, EIVOR	4.2 NAME	
STREET ADDRESS	3601 S OCEAN BLVD #42	4.3 STREET ADDRESS	
CITY - ST - ZIP	S PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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* CHERI K. SANDERS 2-7-97 561-547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039179 5692

CP2E037 (9/96)