


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for City & State, Zip, and 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 (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SANDERS, CHERI	
STREET ADDRESS	3601 SOUTH OCEAN BLVD #404	
CITY-ST-ZIP	S PALM BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FATICA, ANTHONY	
STREET ADDRESS	3601 S OCEAN BLVD #104	
CITY-ST-ZIP	S PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HARDEN, ELSA	
STREET ADDRESS	3601 S OCEAN BLVD #607	
CITY-ST-ZIP	S PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HANNUS, EIVOR	
STREET ADDRESS	3601 S OCEAN BLVD #402	
CITY-ST-ZIP	S PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hytianen, Maja	
1.3 STREET ADDRESS	3601 S. ocean Blvd, #101	
1.4 CITY-ST-ZIP	S. P.B., FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Green, Alex	
2.3 STREET ADDRESS	3601 S ocean Blvd,	
2.4 CITY-ST-ZIP	SPB, FL	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Valtonen, Marjut	
3.3 STREET ADDRESS	3601 S. ocean Blvd, #601	
3.4 CITY-ST-ZIP	SPB, FL	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Witmer, Liette	
4.3 STREET ADDRESS	3601 S. ocean Blvd, #504	
4.4 CITY-ST-ZIP	SPB, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Witmer, John	
5.3 STREET ADDRESS	3601 S. ocean Blvd, #504	
5.4 CITY-ST-ZIP	SPB, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Fischer, Frank	
6.3 STREET ADDRESS	4501 S. ocean Blvd, #5	
6.4 CITY-ST-ZIP	SPB, FL	

14. 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 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: *Maja Hytjanen*

3/16/98

CP2E037 (10/97)