

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745408

1. Entity Name

BARBICAN CONDOMINIUM APARTMENTS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90085 017 ****61.25

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



DO NOT WRITE IN THIS SPACE

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 **59-1965348**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE _____ DATE _____
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**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HYTTANEN, MALJA	
STREET ADDRESS	3601 S OCEAN BLVD #101	
CITY-ST-ZIP	8 PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WITMER, JOHN	
STREET ADDRESS	3601 OCEAN BLVD 504	
CITY-ST-ZIP	S PALM BEACH FL	
TITLE	ID	<input type="checkbox"/> Delete
NAME	VALTONEN, MARIJUT	
STREET ADDRESS	3601 S OCEAN BLVD #601	
CITY-ST-ZIP	8 PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANNUS, EIVOR	
STREET ADDRESS	3601 S OCEAN BLVD #402	
CITY-ST-ZIP	S PALM BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WITMER, LIETTE	
STREET ADDRESS	3601 S OCEAN BLVD #504	
CITY-ST-ZIP	S PALM BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHER, FRANK	
STREET ADDRESS	4501 S OCEAN BLVD #5	
CITY-ST-ZIP	S PALM BCH FL	

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Arnicri	
STREET ADDRESS	3601 S. Ocean Blvd #301	
CITY-ST-ZIP	SPB. FL 33480	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn Trask	
STREET ADDRESS	3601 S. Ocean Blvd #503	
CITY-ST-ZIP	SPB. FL 33480	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeanne Boyar	
STREET ADDRESS	3601 S. Ocean Blvd #105	
CITY-ST-ZIP	SPB. FL 33480	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Carpinona	
STREET ADDRESS	3601 S. Ocean Blvd #106	
CITY-ST-ZIP	SPB. FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Goubeaud	
STREET ADDRESS	136 Urban Street	
CITY-ST-ZIP	Mount Vernon, NY 10552	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **SIGNATURE REQUIRED** *2/29/00* *533-6376*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)