

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0054080

04-03-2001 90040 029 *****61.25

DOCUMENT # 745408
 1. Entity Name
BARBICAN CONDOMINIUM APARTMENTS, INC.

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

4. FEI Number Applied For
59-1965348 Not Applicable

Zip Country Zip Country

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

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

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.

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	
TITLE NAME ORNIER, PETER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3601 S. OCEAN BLVD #301	
CITY-ST-ZIP S. PALM BEACH FL 33480	
TITLE NAME D TRASK, MARILYN	<input type="checkbox"/> Delete
STREET ADDRESS 3601 S. OCEAN BLVD #503	
CITY-ST-ZIP SPB FL 33480	
TITLE NAME CARPINONA, SANDRA	<input type="checkbox"/> Delete
STREET ADDRESS 3601 S. OCEAN BLVD #106	
CITY-ST-ZIP SPB FL 33480	
TITLE NAME CARPINONA, SANDRA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3601 S. OCEAN BLVD #106	
CITY-ST-ZIP SPB FL 33480	
TITLE NAME D GOUBEAD, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS 136 URBAN STREET	
CITY-ST-ZIP MOUNT VERNON NY 10552	
TITLE NAME FISCHER, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4501 S OCEAN BLVD #5	
CITY-ST-ZIP S. PALM BCH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D FATICA, Anthony	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3601 S. OCEAN BLVD #104	
CITY-ST-ZIP S. PALM Bch. FL 33480	
TITLE NAME D FANICH, MARCIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3601 S. OCEAN BLVD #107	
CITY-ST-ZIP S. PALM Bch FL 33480	
TITLE NAME D KEN BUELER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3601 S. OCEAN BLVD #604	
CITY-ST-ZIP S PALM Bch, FL 33480	
TITLE NAME D BEVERLY HARVEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3601 S. OCEAN BLVD #204	
CITY-ST-ZIP S PALM Bch, FL 33480	
TITLE NAME D ANNETTE FATICA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3601 S. OCEAN BLVD #104	
CITY-ST-ZIP S. PALM BEACH, FL 33480	

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: KEVIN L. BUELER Kenneth L. Bueler 3-27-01-588-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)