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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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Apr 28, 2002 8:00 am Secretary of State DOCUMENT # 745408 04-02-2002 90052 040 ****61.25 1. Entity Name BARBICAN CONDOMINIUM APARTMENTS, INC. Mailing Address Principal Place of Business 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 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1965348 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) C/O ASSOCIATE PROPERTY MANAGEMENT 400 S. DIXIE HWY. SUITE 10 Zip Code City FL LAKE WORTH FL 33460 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 Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, OFFICERS AND DIRECTORS Delete TITLE TITLE <u>8</u> Beuhleri NAME NAME FATICAL ANTHONY STREET ADDRESS STREET ADDRESS CR2E037 3601 S. OCEAN BLVD #104 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 Addition Change TITLE TITI F marilyo NAME NAME tr**a**sk, marilyn STREET ADDRESS STREET ADDRESS 3601 6. OCEAN BLVD #503 CITY'ST-ZIP CITY-ST-ZIP SPB FL\33480 ☐ CN2006 ☐ Addition TIRE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SPB FL 33480 ☐ Change TITLE TITLE TD boi 5. Ocean Blud #501 NAME HARVEY, BEVERLY NAME 3601 STREET ADDRESS STREET ADDRESS 3601 S. OCEAN BLVR #204 CITY-ST-ZIP CITY-ST-ZIP SPB FL 33480 TITLE Delete MDE ☐ Change Addition Boyar, Jeanne 3601 S. Ocean Blud# 105 GOUBEAD, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 136 URBAN STREET CITY-ST-ZIP CITY-ST-ZIF <u>Mount Vermon NY 10552</u> Delete Change Addition SD TITLE NAME NAME FATICA ANNETTE Blud #-301 STREET ADDRESS STREET ADDRESS 3601,5. OCEAN BLVD. #104 33480 CITY-ST-ZIP CITY-ST-ZIP FALM BEACH FL 33480 12. I.hereby certify that the information supplied with this filling 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. Lorraine