

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90008 031 ****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
 1928 LAKE WORTH ROAD 1928 LAKE WORTH ROAD
 LAKE WORTH FL 33461 LAKE WORTH FL 33461
 US US

2. Principal Place of Business 3. Mailing Address
3601 S. OCEAN BLVD **3601 S. OCEAN BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
OFFICE **OFFICE**

City & State City & State
S Palm Beach FL **S Palm Beach FL**

Zip Country Zip Country
33480 **Palm Beach** **33480** **Palm Beach**

MOORE CR2E037 (11/03)
 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
C/O ASSOCIATE PROPERTY MANAGEMENT
1928 LAKE WORTH ROAD
LAKE WORTH FL 33461

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LORRAINE, FORTNEY	
STREET ADDRESS	3601 S. OCEAN BLVD #501	
CITY-ST-ZIP	S. PALM BEACH FL 33480	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	TRASK, MARILYN	
STREET ADDRESS	3601 S. OCEAN BLVD #503	
CITY-ST-ZIP	SOUTH PALM BEACH FL 33480	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LIVLANICH, MARICA	
STREET ADDRESS	1060 CITRUS WAY #201	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONHARDT, SUSAN	
STREET ADDRESS	3601 So. OCEAN BLVD. #104	
CITY-ST-ZIP	30. PALM BEACH, FL 33480	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, MICHAEL	
STREET ADDRESS	3601 So. OCEAN BLVD. #206	
CITY-ST-ZIP	30. PALM BEACH, FL 33480	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYTTINEN, MAIJA	
STREET ADDRESS	3601 So. OCEAN BLVD. #101	
CITY-ST-ZIP	30. PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Susan Leonhardt, Susan Leonhardt, Pres 3/22/04 ⁵⁶¹ ₇₂₃ ₀₆₆₀
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #