
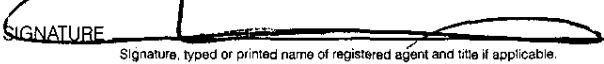


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

0040350

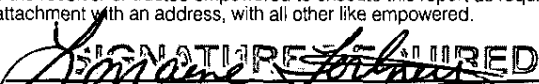
04-07-2003 90127 016 ****61.25

DOCUMENT # 745408			
1. Entity 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	
2. Principal Place of Business C/O ASSOCIATED PROPERTY MGMT. Suite, Apt. #, etc. 1928 LAKE WORTH ROAD		3. Mailing Address C/O ASSOCIATED PROPERTY MGMT. Suite, Apt. #, etc. 1928 LAKE WORTH ROAD	
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL	
Zip 33461	Country	Zip 33461	Country
4. FEI Number 59-1965348		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 ASSOCIATED PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 1928 LAKE WORTH ROAD City LAKE WORTH FL Zip Code 33461	
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 		DATE 3/25/03	

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LORRAINE, FORTNEY 3601 S. OCEAN BLVD #501 S. PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TRASK, MARILYN 3601 SO. OCEAN BLVD. #503 SO. PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYER, JEANNE 3601 S. OCEAN BLVD #105 SPB FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARNIERI, PETER 3601 S. OCEAN BLVD #301 SPB FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARVEY, BEVERLY 3601 S. OCEAN BLVD #204 SPB FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Marica Livlanich 1060 Citrus Way #201 Delray Beach, FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOUBEAD, JOSEPH 136 URBAN STREET MOUNT VERNON NY 10552 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FATICA, ANNETTE 3601 S. OCEAN BLVD. #104 S. PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Lorraine Fortney** 5/26/03 533-6366

CR2E037 (10/02)