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Feb 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05274 (8)

1. Corporation Name

REBEKKA II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

312 SOUTH "O" STREET  
LAKE WORTH FL 33460

~~312 SOUTH "O" STREET~~  
~~LAKE WORTH FL 33460-4647~~

3. Date Incorporated or Qualified  
09/21/1984

3a. Date of Last Report  
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Assoc. Property Mgmt  
Suite, Apt. #, etc.

22 City & State

27 400 S. Dixie Hwy #10  
City & State

23 Zip

Country

28 L.W. Florida  
Zip

29 33460

30 USA

4. FEI Number  
59-2531917

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMMI, EDWIN W.  
508 LUCERNE AVENUE  
LAKE WORTH FL 33460

81 Name  
Assoc. Property Mgmt

82 Street Address (P.O. Box Number is Not Acceptable)  
400 South Dixie Hwy, #10

83 City  
LAKE WORTH FL 85 Zip Code  
33460

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 1/31/97  
Signature of principal, manager, or registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE  
NAME BENTLEY, ALFRED  
STREET ADDRESS 213 S O ST 2  
CITY-ST-ZIP LAKE WORTH FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD ☒ DELETE  
NAME PALMU, YRJO  
STREET ADDRESS 213 S O ST  
CITY-ST-ZIP LAKE WORTH FL

2.1 TITLE PD ☐ Change ☒ Addition  
2.2 NAME Haapamiemi, Jukka  
2.3 STREET ADDRESS 213 South O Street  
2.4 CITY-ST-ZIP Lake Worth, FL

TITLE STD ☐ DELETE  
NAME ARONEN, BERTHA I.  
STREET ADDRESS 312 S. "O" ST.  
CITY-ST-ZIP LAKE WORTH FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE 1/31/97 sec. 561-588-9561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0039124

CR2E037 (9/96)