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May 14 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 # 711438 (2)

1. Corporation Name

APRIL BREEZE ASSOCIATION, INC., A CONDOMINIUM ASSOCIATION



Principal Place of Business

Mailing Address

1333 EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

1333 EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009-4625

3. Date Incorporated or Qualified  
09/06/1966

3a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1227500

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

MEISINGER HELEN L  
1000 E HALLANDALE BEACH BLVD.  
APRIL BREEZE  
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name Tony RODRIGUEZ  
82 Street Address (P.O. Box Number is Not Acceptable) 1333 E HALLANDALE BCH BLVD  
83 APRIL BREEZE  
84 City HALLANDALE FL 85 Zip Code 33009

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURE, ROSE	
STREET ADDRESS	1333 E HALLANDALE BCH BLVD.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPINELLI, RALPH	
STREET ADDRESS	1333 E HALLANDALE BCH BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<del>SARINNO, D</del>	
STREET ADDRESS	1333 E HALLANDALE BCH BLVD.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<del>MISS MADRINE</del>	
STREET ADDRESS	1333 E HALLANDALE BCH BLVD.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tony RODRIGUEZ	
1.3 STREET ADDRESS	1333 E HALLANDALE BCH BLVD.	
1.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
2.1 TITLE	V. PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHRIS BAKER	
2.3 STREET ADDRESS	1333 E HALLANDALE BCH BLVD	
2.4 CITY-ST-ZIP	HALLANDALE FL 33009	
3.1 TITLE	ROSE MURE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1333 E HALLANDALE BCH BLVD	
3.3 STREET ADDRESS	HALLANDALE, FL 33009	
3.4 CITY-ST-ZIP		
4.1 TITLE	RALPH SPINELLI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1333 E HALLANDALE BCH BLVD	
4.3 STREET ADDRESS	HALLANDALE, FL 33009	
4.4 CITY-ST-ZIP		
5.1 TITLE	WILLIAM MONTUORI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	1333 E HALLANDALE BCH BLVD	
5.3 STREET ADDRESS	HALLANDALE, FL 33009	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

CR2E037 (9/96)