


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # 711438 1. Entity Name APRIL BREEZE ASSOCIATION, INC., A CONDOMINIUM ASSOCIATION		
Principal Place of Business 1333 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009		Mailing Address 1333 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009
2. Principal Place of Business Suite, Apt #, etc	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
6. Name and Address of Current Registered Agent NOMIKOS, CHRIS 1333 EAST HALLANDALE BLVD. #411 HALLANDALE FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatures required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: PT NAME: NOMIKOS, CHRIS STREET ADDRESS: 1333 E. HALLANDALE BLVD. #411 CITY-ST-ZIP: HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: VS NAME: SPINELLI, RALPH STREET ADDRESS: 1333 E HALLANDALE B. BLVD 214 CITY-ST-ZIP: HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: D NAME: SEDACCA, GILDA STREET ADDRESS: 1333 E HALLANDALE BEACH BLVD #112 CITY-ST-ZIP: HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: D NAME: BEISS, LUDWIG STREET ADDRESS: 1333 E HALLANDALE B. BLVD 201 CITY-ST-ZIP: HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: D NAME: DE PASQUALE, NICO STREET ADDRESS: 1333 E. HALLANDALE BLVD. #207 CITY-ST-ZIP: HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____



1st MOORE CR2E037 (10/05)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applied

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Chris Nomikos Chris Nomikos 43-6 9545702271