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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90189 033 \*\*\*\*75.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713059**

1. Corporation Name  
**APRIL MIST ASSOCIATION, INC. A CONDOMINIUM ASSOCIATION**

Principal Place of Business 1333 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009	Mailing Address 1333 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/12/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1226996
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GOULD, DOROTHY 1333 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009		81 Name <b>JOHN GENOVA (PRESIDENT)</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1333 E. HALLANDALE BCH. BLVD.</b> <b>APARTMENT #130</b> 83 84 City <b>HALLANDALE</b> FL 85 Zip Code <b>33009</b>	

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 *John Genova* (PRESIDENT - APRIL MIST) 1-4-99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	GOULD, DOROTHY 1333 E. HALLANDALE BCH BLVD HALLANDALE FL 33009	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME JOHN GENOVA #130	
STREET ADDRESS		1.3 STREET ADDRESS 1333 E. HALLANDALE BCH. BLVD,	
CITY-ST-ZIP		1.4 CITY-ST-ZIP HALLANDALE, FL 33009	
TITLE VPD	CEDRONE, BRUNO 1333 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009	2.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME JOHN FICI #141	
STREET ADDRESS		2.3 STREET ADDRESS 1333 E. HALLANDALE BCH BLVD	
CITY-ST-ZIP		2.4 CITY-ST-ZIP HALLANDALE, FL 33009	
TITLE TD	SERLIN, RENEE 1333 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009	3.1 TITLE BOOKKEEPER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME JOHN KOWNACKE #236	
STREET ADDRESS		3.3 STREET ADDRESS 1333 E. HALLANDALE BCH. BLVD.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP HALLANDALE, FL. 33009	
TITLE D	KOWNACKE, JANET #236 1333 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME DOROTHY RICCO #443	
STREET ADDRESS		5.3 STREET ADDRESS 1333 E. HALLANDALE BCH. BLVD	
CITY-ST-ZIP		5.4 CITY-ST-ZIP HALLANDALE, FL 33009	
TITLE		6.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME MARCELLA STEIN #343	
STREET ADDRESS		6.3 STREET ADDRESS 1333 E. HALLANDALE BCH. BLVD.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP HALLANDALE, FL 33009	

14. 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 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, with all other like empowered.

SIGNATURE: *John Genova* (PRESIDENT) 1-4-99 DATE (954) 458-6105 DAYTIME PHONE #

CR2E037 (11/98)