

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-27-2001 90007 031 ****61.25

34251



DO NOT WRITE IN THIS SPACE

DOCUMENT # 713059
 1. Entity Name
APRIL MIST ASSOCIATION, INC. A CONDOMINIUM ASSOC

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 1333 E HALLANDALE BCH BLVD	3. Mailing Address
Suite, Apt. #, etc. APT 130	Suite, Apt. #, etc.
City & State HALLANDALE FLA	City & State

4. FEI Number 59-1226996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GENOVA, JOHN 1333 E HALLANDALE BCH BLVD. APT 130 HALLANDALE FL 33009		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code

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.

SIGNATURE: GENOVA JOHN Vice President John Genova 3/19/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW: FEE IS \$61.25	<input type="checkbox"/> Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D'ANGELO, ILVA		NAME ALBERT Ricco	
STREET ADDRESS 1333 E HALLANDALE BCH BLVD #131		STREET ADDRESS 1333 E HALLANDALE BCH BLVD #443	
CITY-ST-ZIP HALLANDALE FL 33009		CITY-ST-ZIP HALLANDALE FLA 33009	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RICO, ALBERT		NAME GENOVA JOHN	
STREET ADDRESS 1333 E HALLANDALE BCH BLVD #443		STREET ADDRESS 1333 E HALLANDALE BCH BLVD #130	
CITY-ST-ZIP HALLANDALE FL 33009		CITY-ST-ZIP HALLANDALE FLA 33009	
TITLE D	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAYE, LUCILLE		NAME KAYE LUCILLE	
STREET ADDRESS 1333 E HALLANDALE BCH BLVD #341		STREET ADDRESS 1333 E HALLANDALE BCH BLVD #341	
CITY-ST-ZIP HALLANDALE FL 33009		CITY-ST-ZIP HALLANDALE FLA 33009	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POPI, MARIJANA		NAME D'ANGELO ILVA	
STREET ADDRESS 1333 E HALLANDALE BCH BLVD #444		STREET ADDRESS 1333 E HALLANDALE BCH BLVD #131	
CITY-ST-ZIP HALLANDALE FL 33009		CITY-ST-ZIP HALLANDALE FLA 33009	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VULPIS, ESPERANZA		NAME SHEHA CHARWELLE	
STREET ADDRESS 1333 E HALLANDALE BCH BLVD #344		STREET ADDRESS 1333 E HALLANDALE BCH BLVD	
CITY-ST-ZIP HALLANDALE FL 33009		CITY-ST-ZIP HALLANDALE FLA. 33009 #436	
TITLE D	<input type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VULPIS, ESPERANZA		NAME JOHN MEEHL	
STREET ADDRESS 1333 E HALLANDALE BCH BLVD #344		STREET ADDRESS 1333 E HALLANDALE BCH BLVD	
CITY-ST-ZIP HALLANDALE FL 33009		CITY-ST-ZIP HALLANDALE FLA. 33009 #435	

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: John Genova **VICE PRESIDENT** 3/19/2001 458-6105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (10/00)