

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90027 018 \*\*\*\*61.25

**DOCUMENT # 713059**

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

Principal Place of Business  
**1333 E. HALLANDALE BCH BLVD.  
APT 130  
HALLANDALE FL 33009**

Mailing Address  
**1333 E. HALLANDALE BCH BLVD.  
APT 130  
HALLANDALE FL 33009**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-1226996** Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~GENOVA, JOHN~~ **Anne Paretti**  
**1333 E HALLANDALE BCH BLVD.  
HALLANDALE FL 33009**

**7. Name and Address of New Registered Agent**

Name **Anne Paretti**  
Street Address (P.O. Box Number is Not Acceptable)  
**Anne Paretti  
Apt 431  
1333 E Hallandale Beach Blvd  
Hallandale Beach, FL 33009-4632**  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Anne Paretti Pres. DATE 2/1/04

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$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<br>VPD<br>NAME<br><del>GENOVA, JOHN</del><br>STREET ADDRESS<br>1333 E. HALLANDALE BEACH BLVD.<br>CITY-ST-ZIP<br>HALLANDALE FL 33009 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>Judith Haines<br>STREET ADDRESS<br>1333 E. Hallandale Bch. Blvd.<br>CITY-ST-ZIP<br>Hallandale, FL 33009      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>SD<br>RANERI, JOHN<br>STREET ADDRESS<br>1333 E. HALLANDALE BEACH BLVD.<br>CITY-ST-ZIP<br>HALLANDALE FL 33009             | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>same  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>T<br>PARETTI, ANNE<br>STREET ADDRESS<br>1333 E. HALLANDALE BEACH BLVD.<br>CITY-ST-ZIP<br>HALLANDALE FL 33009             | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>same  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>D<br>FICI, JOHN<br>STREET ADDRESS<br>1333 E. HALLANDALE BEACH BLVD.<br>CITY-ST-ZIP<br>HALLANDALE FL 33009                | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>same  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D<br>Heator Duarte<br>1333 E. Hallandale Bch. Blvd.<br>Hallandale, FL 33009 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: Anne Paretti **Anne Paretti** 2/1/04 984-454-8639  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #