


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90052 031 \*\*\*\*61.25

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



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

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



1st MOORE CR2E037 (10/04)

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  
**PARETTI, ANNE**  
**1333 E HALLANDALE BCH BLVD.**  
**HALLANDALE FL 33009**

7. Name and Address of New Registered Agent  
 Name SAME  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 *A. Parretti* **PRESIDENT + TREASURER** 1/29/2005  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAINES, JUDITH <input type="checkbox"/> Delete 1333 E. HALLANDALE BEACH BLVD. #442 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete RANERI, JOHN 1333 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARETTI, ANNE <input type="checkbox"/> Delete 1333 E. HALLANDALE BEACH BLVD. #431 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FICI, JOHN <input type="checkbox"/> Delete 1333 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUARTE, HEATOR <input type="checkbox"/> Delete 1333 E. HALLANDALE BCH. BLVD HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARIANA POPI 1333 E. HALLANDALE BEACH BLVD #444 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: *Judith Haines* **JUDITH HAINES VP** 1/29/05 954 456 2746  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone  
 OR 305 628 259