


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

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90003 005 \*\*\*\*61.25

<b>DOCUMENT # 713059</b>					
1. Entity Name <b>APRIL MIST ASSOCIATION, INC. A CONDOMINIUM ASSOCIATION</b>					
Principal Place of Business <b>1333 E. HALLANDALE BCH BLVD. APT <del>1431</del> 431 HALLANDALE FL 33009</b>		Mailing Address <b>1333 E. HALLANDALE BCH BLVD. APT <del>1431</del> 431 HALLANDALE FL 33009</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1226996</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PARETTI, ANNE 1333 E HALLANDALE BCH BLVD. HALLANDALE FL 33009</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAINES, JUDITH		NAME		
STREET ADDRESS	1333 E. HALLANDALE BEACH BLVD #442		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
TITLE	P/T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARETTI, ANNE		NAME		
STREET ADDRESS	1333 E. E. HALLANDALE BEACH BLVD #431		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FICI, JOHN		NAME		
STREET ADDRESS	1333 E. HALLANDALE BEACH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUARTE, HEATOR		NAME		
STREET ADDRESS	1333 E. HALLANDALE BCH. BLVD		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POPI, MARIANA		NAME		
STREET ADDRESS	1333 E. HALLANDALE BEACH BLVD M444		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

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.

*[Handwritten Signature]*