
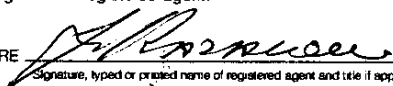
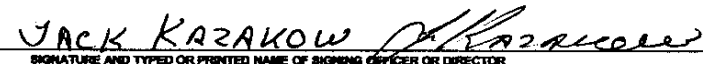


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90093 004 ****61.25

DOCUMENT # 713059					
1. Entity Name APRIL MIST ASSOCIATION, INC. A CONDOMINIUM ASSOCIATION					
Principal Place of Business 1333 E. HALLANDALE BCH BLVD. APT # 332 HALLANDALE, FL 33009			Mailing Address 1333 E. HALLANDALE BCH BLVD. APT 332 HALLANDALE, FL 33009		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04122007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1226996	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GLAZER AND ASSOCAITES, P.A. 1920 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORUMBESCU, AURELIU M		NAME	William Escobar	
STREET ADDRESS	1333 E. HALLANDALE BEACH BLVD. APT 430		STREET ADDRESS	1333 E Hallandale Blvd # 140	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	P	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAZAKOW, JACK		NAME	Hector Duarte	
STREET ADDRESS	1333 E. E. HALLANDALE BEACH BLVD. APT 332		STREET ADDRESS	1333 E Hallandale Blvd	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIEMETZ, ALEXANDER L		NAME	Eleanor Worth	
STREET ADDRESS	1333 E. HALLANDALE BEACH BLVD. APT 441		STREET ADDRESS	1333 E Hallandale Blvd	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPI, MARIANA		NAME		
STREET ADDRESS	1333 E. HALLANDALE BCH. BLVD. APT 444		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBA, ALINA		NAME		
STREET ADDRESS	1333 E. HALLANDALE BEACH BLVD. APT 438		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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE: 		04/29/07		954-478-4946	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	