

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713059

FILED  
May 12, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1333 E. HALLANDALE BCH BLVD.  
APT # 332  
HALLANDALE, FL 33009

**New Principal Place of Business:**

1333 E. HALLANDALE BCH BLVD.  
HALLANDALE, FL 33009

**Current Mailing Address:**

1333 E. HALLANDALE BCH BLVD.  
APT 332  
HALLANDALE, FL 33009

**New Mailing Address:**

1333 E. HALLANDALE BCH BLVD.  
HALLANDALE, FL 33009

**FEI Number:** 59-1226996      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GLAZER AND ASSOCAITES, P.A.  
1920 E HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STANCIU, JON  
Address: 1333 E-HALLANDALE BLVD. 344  
City-St-Zip: HALLANDALE, FL 33009

Title: VP  
Name: ESCOBAR, JOSE W  
Address: 1333 E. E. HALLANDALE BEACH BLVD. APT 140  
City-St-Zip: HALLANDALE, FL 33009

Title: S  
Name: FICI, JOHN  
Address: 1333 E. HALLANDALE BLVD. 141  
City-St-Zip: HALLANDALE, FL 33008

Title: T  
Name: POPI, MARIJANA  
Address: 1333 E. HALLANDALE BCH. BLVD. APT 444  
City-St-Zip: HALLANDALE, FL 33009

Title: D  
Name: MEZA, MIGUEL  
Address: 1333 E. HALLANDALE BLVD 140  
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JON STANCIU

P

05/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date