


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-11-2003 90166 006 ****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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-1226996		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Genova JOHN 1333 E HALLANDALE BCH BLVD. HALLANDALE FL 33009		7. Name and Address of New Registered Agent Name John Genova Street Address (P.O. Box Number is Not Acceptable) 1333 E. Hallandale Bch. Blvd City Hallandale FL Zip Code 33009	
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 John Genova + John Genova DATE 4/8/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	VP RICCO, ALBERT 1333 E HALLANDALE BCH BLVD # 443 HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Vice Pres. John Genova 1333 E. Hallandale Bch. Blvd. Hallandale, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICCO, ALBERT 1333 E HALLANDALE BCH BLVD #443 HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Secretary John Raneri Same Address as Above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAYE, LUCILLE 1333 E HALLANDALE BCH BLVD #341 HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Treas. Anne Paretti Same Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ANGELO, ILVA 1333 E HALLANDALE BCH BLVD #131 HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Director John Fici Same Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SERLIN, RENE 1333 E HALLANDALE BCH BLVD # 232 HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEHL, JOHN 1333 E HALLANDALE BCH BLVD # 239 HALLANDALE FL 33009	<input type="checkbox"/> Delete	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: J. Raneri		DATE: 4/8/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CPFE037 (10/02)