

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90006 020 ****61.25

DOCUMENT # 713840

1. Entity Name

THE FOREVER APRIL ASSOCIATION INC.

Principal Place of Business

1333 E. HALLANDALE BCH. BLVD.
 HALLANDALE FL 33009

Mailing Address

1333 E. HALLANDALE BCH. BLVD.
 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

4. FEI Number

59-1499174

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MEISINGER, HELEN L.
1333 E. HALLANDALE BCH, BLVD
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name
POLITO, EDWARD
 Street Address (P.O. Box Number is Not Acceptable)
1333 E. Hallandale Bch blvd #101
Hallandale, FL 33009
 City **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.

SIGNATURE

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
 NAME **KENYON, ALICE**
 STREET ADDRESS **1333 E HALLANDALE BCH BLVD**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE **TD** ☒ Delete
 NAME **MEISINGER, HELEN**
 STREET ADDRESS **1333 E HALLANDALE BCH BLVD**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE **PD** ☐ Delete
 NAME **POLITO, ED**
 STREET ADDRESS **1333 E HALLANDALE BCH BLVD**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE **D** ☐ Delete
 NAME **GALLANT, ROLANDE**
 STREET ADDRESS **1333 E. HALLANDALE BEACH BLVD**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE **D** ☐ Delete
 NAME **SPINELLI, RALPH**
 STREET ADDRESS **1333 E HALLANDALE BCH BLVD**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE **D** ☐ Delete
 NAME **GENOVA, JOHN**
 STREET ADDRESS **1333 E HALLANDALE BCH BLV**
 CITY-ST-ZIP **HALLANDALE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☐ Addition
 NAME **KENYON, ALICE**
 STREET ADDRESS **1333 E. HALLANDALE BCH BLVD**
 CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **T** ☒ Change ☐ Addition
 NAME **SEDACCA, GILDA**
 STREET ADDRESS **1333 E. Hallandale Bch Blvd**
 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **PD** ☐ Change ☐ Addition
 NAME **POLITO, EDWARD**
 STREET ADDRESS **1333 E. Hallandale Bch Blvd**
 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **V** ☐ Change ☐ Addition
 NAME **GALLANT, ROLANDE**
 STREET ADDRESS **1333 E. Hallandale Bch Blvd**
 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **D** ☐ Change ☐ Addition
 NAME **SPINELLI, RALPH**
 STREET ADDRESS **1333 E. Hallandale Bch Blvd**
 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **VD** ☐ Change ☐ Addition
 NAME **GENOVA, JOHN**
 STREET ADDRESS **1333 E. Hallandale Bch Blvd**
 CITY-ST-ZIP **Hallandale, FL 33009**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

(954) 458 8104

Date

Daytime Phone #

CR2E037 (10/00)