2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State
02-13-2007 90014 045 ****70.00

DOCUMENT # **713840**

1. Entity Name

THE FOREVER APRIL ASSOCIATION INC.

Principal Place of Business	Mailing Address
1333 E. HALLANDALE BCH. BLVD. HALLANDALE FL 33009	1333 E. HALLANDALE BCH. BLVD. 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
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/06)

4. FEI Number NO-T APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NOMIKOS, CHRIS 1333 E HALLANDALE BCH BLVD 411 HALLANDALE FL 33009	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	ST KENYON, ALICE 1333 E HALLANDALE BCH BLVD HALLANDALE FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	V.P. FRANK QUEEN 1333 E. HLNDL. BLVD # 122 HLNDL. FL 33009 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P NOMIKOS, CHRIS 1333 E HALLANDALE BCH BLVD HALLANDALE FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	JOE CAPPARUCCINI DIRECTOR 1333 E. HLNDL BLVD # 309 HLNDL FL 33009 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D PARETTI, ANN 1333 E. HALLANDALE BLVD. HALLANDALE FL 33009 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DIRECTOR ART LUCHESE 1333 E. HLNDL. BLVD # 410 HLNDL. FL 33009 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP SPINELLI, RALPH 1333 E HALLANDALE BCH BLVD HALLANDALE FL 33009 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DIRECTOR NATALIA PLOTNIKOVA 1333 E HLNDL BLVD # 324 HLNDL. FL 33009 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DIRECTOR JACK KAZAKOW 1333 E. HLNDL BLVD. HLND FL 33009 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ALEX M NIZHITZ DIRECTOR 1333 E HLNDL BLVD HLNDL. FL 33009 ☐ Delete ☒ ADD	TITLE NAME STREET ADDRESS CITY ST ZIP	DIRECTOR MARY POPI 1333 E HLNDL BLVD # 444 HLNDL FL 33009 ☐ Change ☒ Addition

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.

SIGNATURE: Christopher G Nomikos CHRISTOPHER G NOMIKOS 2-5-7 954-5402271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #