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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711438 (2)

1. Corporation Name

APRIL BREEZE ASSOCIATION, INC., A CONDOMINIUM AS .SOCIATION

Principal Place of Business	Mailing Address
1333 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009	1333 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009-4625

3. Date Incorporated or Qualified: 09/06/1966
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-1227500 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MEISINGER HELEN L~~
~~1600 E HALLANDALE BEACH BLVD.~~
~~APRIL BREEZE~~
~~HALLANDALE FL 33009~~

10. Name and Address of New Registered Agent

81 Name: TONY RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable): 1333 E HALLANDALE BCH BLVD
83: APRIL BREEZE
84 City: HALLANDALE FL 85 Zip Code: 33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PRES.	☐ Change ☐ Addition
NAME	~~MURE, ROSE~~		1.2 NAME	TONY RODRIGUEZ	
STREET ADDRESS	~~1333 E. HALLANDALE BCH BLVD.~~		1.3 STREET ADDRESS	1333 E HALLANDALE Bch BLVD.	
CITY-ST-ZIP	~~HALLANDALE FL~~		1.4 CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	VD	☐ DELETE	2.1 TITLE	V. PRES.	☐ Change ☐ Addition
NAME	SPINELLI, RALPH		2.2 NAME	CHRIS BAKER	
STREET ADDRESS	1333 E HALLANDALE BCH BLVD		2.3 STREET ADDRESS	1333 E HALLANDALE Bch BLVD	
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	VD	☐ DELETE	3.1 TITLE	ROSE MURE DIRECTOR	☐ Change ☐ Addition
NAME	~~CATALANO, D~~		3.2 NAME	1333E HALLANDALE Bch BLVD	
STREET ADDRESS	1333E HALLANDALE BCH BLVD.		3.3 STREET ADDRESS	HALLANDALE, FL. 33009	
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	VP RALPH SPINELLI	☐ Change ☐ Addition
NAME	~~LEES, MADELINE~~		4.2 NAME	1333 E HALLANDALE Bch BLVD	
STREET ADDRESS	1333 E. HALLANDALE BCH BLVD.		4.3 STREET ADDRESS	HALLANDALE, FL. 33009	
CITY-ST-ZIP	HALLANDALE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D WILLIAM MONTUORI	☐ Change ☐ Addition
NAME			5.2 NAME	1333 E HALLANDALE Bch BLVD	
STREET ADDRESS			5.3 STREET ADDRESS	HALLANDALE, FL. 33009	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____