


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **711438** (2)

1. Corporation Name  
**APRIL BREEZE ASSOCIATION, INC., A CONDOMINIUM AS SOCIATION**

Principal Place of Business <b>1333 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009</b>	Mailing Address <b>1333 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified <b>09/06/1966</b>	4. FEI Number <b>59-1227500</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>RODRIGUEZ, TONY 1333 EAST HALLANDALE BCH BLVD HALLANDALE FL 33009</b>	10. Name and Address of New Registered Agent 81 Name <b>Ralph Spinelli ( President )</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1333 East Hallandale Beach Blvd.</b> 83 84 City <b>Hallandale Fl.</b> FL 85 Zip Code <b>33009</b>
---	--

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 *Ralph Spinelli President* DATE **3-5-98**  
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	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, TONY</b>	1.2 NAME	<b>Ralph Spinelli (President)</b>
STREET ADDRESS	<b>1333 E HALLANDALE BCH BLVD</b>	1.3 STREET ADDRESS	<b>1333 E. Hallandale Beach Blvd. #214</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>	1.4 CITY-ST-ZIP	<b>Hallandale Fl, 33009</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SPINELLI, RALPH</b>	2.2 NAME	<b>Joseph Fiorello V.P.</b>
STREET ADDRESS	<b>1333 E HALLANDALE BCH BLVD</b>	2.3 STREET ADDRESS	<b>1333E. Hallandale Beach Blvd. #207</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>	2.4 CITY-ST-ZIP	<b>Hallandale Fl, 33009</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURE, ROSE</b>	3.2 NAME	<b>Chris Baker V/P</b>
STREET ADDRESS	<b>1333E HALLANDALE BCH BLVD.</b>	3.3 STREET ADDRESS	<b>1333E Hallandale Beach Blvd. #203</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>	3.4 CITY-ST-ZIP	<b>Hallandale Fl, 33009</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SPINELLI, RALPH</b>	4.2 NAME	<b>Ludwig Beiss (Director)</b>
STREET ADDRESS	<b>1333 E. HALLANDALE BCH BLVD.</b>	4.3 STREET ADDRESS	<b>1333 E. Hallandale Beach Blvd #201</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>	4.4 CITY-ST-ZIP	<b>Hallandale Fl, 33009</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MONTUORI, WILLIAM</b>	5.2 NAME	<b>Edward Polito (Director)</b>
STREET ADDRESS	<b>1333 EAST HALLANDALE BCH BLVD</b>	5.3 STREET ADDRESS	<b>1333 E. Hallandale Beach Blvd. #101</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>	5.4 CITY-ST-ZIP	<b>Hallandale Fl, 33009</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Carla Fiorello Secretary</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1333 E. Hallandale Beach Blvd #207</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Hallandale Fl, 33009</b>

14. 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 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: *Ralph Spinelli President* **3-5-98**

CR2E037 (10/97)