

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

5. **FILED**
Jun 07, 2006 8:00 am
Secretary of State
05-01-2006 90443 027 ****70.00

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 Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
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 NOMIKOS, CHRIS 1333 E HALLANDALE BCH BLVD 411 HALLANDALE FL 33009			7. Name and Address of New Registered Agent 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 re-electing) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	P NOMIKOS, CHRIS 1333 E HALLANDALE BCH BLVD HALLANDALE FL 33009	☐ Delete			
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	VP SPINELLI, RALPH 1333 E HALLANDALE BCH BLVD HALLANDALE FL 33009	☐ Delete			
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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: <i>Chris G. Nomikos</i> CHRIS G. NOMIKOS Pres.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 6/5/6 Daytime Phone: 954-540-2271		