

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

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90014 046 ****70.00

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1. Entity Name

**APRIL BREEZE ASSOCIATION, INC., A CONDOMINIUM
ASSOCIATION**



Principal Place of Business

Mailing Address

**1333 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

**1333 EAST HALLANDALE BEACH 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 EAST HALLANDALE 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 PT ☐ Delete
NAME NOMIKOS, CHRIS
STREET ADDRESS 1333 E. HALLANDALE BLVD. #411
CITY ST ZIP HALLANDALE FL 33009

TITLE VS ☒ Delete
NAME SPINELLI, RALPH
STREET ADDRESS 1333 E HALLANDALE B. BLVD 214
CITY ST ZIP HALLANDALE FL 33009

TITLE D ☒ Delete
NAME SEDACCA, GILDA
STREET ADDRESS 1333 E HALLANDALE BEACH BLVD #112
CITY ST ZIP HALLANDALE FL 33009

TITLE D ☒ Delete
NAME BEISS, LUDWIG
STREET ADDRESS 1333 E HALLANDALE B. BLVD 201
CITY ST ZIP HALLANDALE FL 33009

TITLE D ☒ Delete
NAME DE PASQUALE, NICO
STREET ADDRESS 1333 E. HALLANDALE BLVD. #207
CITY ST ZIP HALLANDALE FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE VP/S ☐ Change ☒ Addition
NAME ART LUCCHESI
STREET ADDRESS 1333 E. HALLANDALE BLVD #411
CITY ST ZIP HALLANDALE FL 33009

TITLE MIKE MASCHARINO ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS 1333 E. HALLANDALE BLVD #205
CITY ST ZIP HALLANDALE FL 33009

TITLE ELAINE HOLT ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS 1333 E. HALLANDALE BLVD #209
CITY ST ZIP HALLANDALE FL 33009

TITLE DIRECTOR ☐ Change ☒ Addition
NAME JOE CAPPARUCCINI
STREET ADDRESS 1333 E. HALLANDALE BLVD #309
CITY ST ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

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** 2-5-07 954 5402271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #