

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 03, 2012**  
**Secretary of State**

DOCUMENT# 711438

**Entity Name:** APRIL BREEZE ASSOCIATION, INC., A CONDOMINIUM ASSOCIATION**Current Principal Place of Business:**1333 EAST HALLANDALE BEACH BLVD.  
APT 411  
HALLANDALE, FL 33009**New Principal Place of Business:**1333 EAST HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009**Current Mailing Address:**1333 EAST HALLANDALE BEACH BLVD.  
APT 411  
HALLANDALE, FL 33009**New Mailing Address:**10112 USA TODAY WAY  
MIRAMAR, FL 33025**FEI Number:** 59-1227500**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.  
C/O LEE BURG, ESQ.  
3111 STIRLING RD  
FORT LAUDERDALE, FL 333126525 US**Name and Address of New Registered Agent:**ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025 US

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.

SIGNATURE: ASSOCIATION SERVICES OF FLORIDA  
Electronic Signature of Registered Agent04/03/2012  
Date**OFFICERS AND DIRECTORS:**

Title: PT  
Name: NOMIKOS, CHRIS  
Address: 1333 E. HALLANDALE BEACH BLVD. #411  
City-St-Zip: HALLANDALE, FL 33009

Title: D  
Name: MASCHERINO, MIKE  
Address: 1333 E. HALLANDALE BEACH BLVD# 205  
City-St-Zip: HALLANDALE, FL 33009

Title: D  
Name: KREUZER, DAVE  
Address: 1333 E. HALLANDALE BEACH BLVD #303  
City-St-Zip: HALLANDALE, FL 33009

Title: VP  
Name: CAPPARUCCINI, JOE  
Address: 1333 E. HALLANDALE BEACH BLVD #309  
City-St-Zip: HALLANDALE, FL 33009

Title: TREA  
Name: LUCCHESI, ARTHUR A  
Address: 1333 E. HALLANDALE BEACH BLVD #410  
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ASSOCIATION SERVICES OF FLORIDA  
Electronic Signature of Signing Officer or Director

RA

04/03/2012  
Date