

FILED  
Feb 27, 2003 8:00 am  
Secretary of State

02-27-2003 90165 018 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 711438

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



Principal Place of Business  
**1333 EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1227500**

Applied For

☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**POLITO, EDWARD  
1333 EAST HALLANDALE BCH BLVD  
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name **CHRIS NOMIKOS**  
Street Address (P.O. Box Number is Not Acceptable)

**1333 EAST HALLANDALE BLVD. #411**

City **HALLANDALE** FL Zip Code **33009**

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 **Chris Nomikos**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-02-03**

FILE NOW: FEE IS \$61.25

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

TITLE **P**  
NAME **NOMIKOS, CHRIS** ☒ Delete  
STREET ADDRESS **1333 E HALLANDALE BEACH BLVD #214**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D**  
NAME **SPINELLI, RALPH** ☐ Delete  
STREET ADDRESS **1333 E HALLANDALE B. BLVD 214**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **VS**  
NAME **POLITO, EDWARD** ☒ Delete  
STREET ADDRESS **1333 E HALLANDALE BEACH BLVD #101**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **I**  
NAME **SEDACCA, GILDA** ☐ Delete  
STREET ADDRESS **1333 E HALLANDALE BEACH BLVD #112**  
CITY-ST-ZIP **HALLANDALE FL 33009**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **CHRIS NOMIKOS #411**  
STREET ADDRESS **1333 E. HALLANDALE, BLVD**  
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **NICO DE PASQUALE**  
STREET ADDRESS **1333 E. HALLANDALE BLVD #207**  
CITY-ST-ZIP **HALLANDALE, FL 33009**

12. 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 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: **CHRIS NOMIKOS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-02-03 90165-3024**

Date

Daytime Phone #

CR2E037 (10/02)