Electronic Signature of Signing Officer/Director Detail	
Electronic orginatore of orgining officer, Director Detail	

# 2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# 711438

Entity Name: APRIL BREEZE ASSOCIATION, INC., A CONDOMINIUM ASSOCIATION

#### **Current Principal Place of Business:**

1333 EAST HALLANDALE BEACH BLVD. HALLANDALE, FL 33009

#### **Current Mailing Address:**

PO BOX 166386 HALLANDALE, FL 33116 US

#### FEI Number: 59-1227500

#### Name and Address of Current Registered Agent:

COIL, CHRISTINE 2232 N CYPRESS BEND DR. UNIT 407 POMPANO BEACH, FL 33069 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			07/29/2019			
	Electronic Signature of Registered Agent		Date			
Officer/Director Detail :						
Title	PRESIDENT	Title	DIRECTOR			
Name	FEDER, BRUCE	Name	LUNGER, JOEL			
Address	1333 E HALLANDALE BEACH BLVD 110	Address	1333 E. HALLANDLAE BEACH BLFD. 112			
City-State-Zip:	MIRAMAR FL 33309	City-State-Zip:	HALLANDALE FL 33009			
Title	DIRECTOR	Title	DIRECTOR			
Name	GIANMARCO , ANTHONY	Name	CALDWELL , JOSEPH			
Address	1333 EAST HALLANDALE BEACH BLVD	Address	1333 EAST HALLANDALE BEACH BLVD			
City-State-Zip:	HALLANDALE FL 33009	City-State-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: FEDER , BRUCE

PRESIDENT

07/29/2019

FILED Jul 29, 2019 Secretary of State 4664756219CC

Certificate of Status Desired: No

Date