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 04/03/2012
Electronic Signature of Registered Agent 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: LUCCHESE, 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 RA 04/03/2012
Electronic Signature of Signing Officer or Director Date