

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 713059 (4)

1. Corporation Name  
**APRIL MIST ASSOCIATION, INC. A CONDOMINIUM ASSOCIATION**



Principal Place of Business: 1333 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009  
Mailing Address: 1333 E. HALLANDALE BCH BLVD HALLANDALE FL 33009

3. Date Incorporated or Qualified: 07/12/1967  
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. SAME	26. SAME	59-1226996	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22.	27.	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23.	28.	<input type="checkbox"/>	
Zip	Country	Zip	Country
24.	25.	29.	30.
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

~~HATCH, O.J.  
1333 E HALLANDALE BCH BLVD APT 134  
HALLANDALE FL 33009~~

81. Name: Dorothy Gould  
82. Street Address (P.O. Box Number is Not Acceptable): 1333 E Hallandale Bch Blvd.  
83. City: Hallandale, FL 33009  
84. City: FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Dorothy Gould*  
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when registering.) DATE:

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ND	<input checked="" type="checkbox"/> DELETE	11. TITLE	PRES.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HATCH, OSCAR J		12. NAME	Dorothy Gould			
STREET ADDRESS	1333 E HALLANDALE BCH BLV		13. STREET ADDRESS	1333 E Hallandale Bch Blvd			
CITY-ST-ZIP	HALLANDALE, FL 00000		14. CITY-ST-ZIP	Hallandale FL 33009			
TITLE	P	<input checked="" type="checkbox"/> DELETE	21. TITLE	VP D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KELLY, ROBERT F		22. NAME	Bruno Cedrone			
STREET ADDRESS	1333 E HALLANDALE BCH BLVD		23. STREET ADDRESS	1333 E. Hallandale Bch Blvd.			
CITY-ST-ZIP	HALLANDALE FL		24. CITY-ST-ZIP	Hallandale FL 33009			
TITLE	SD	<input type="checkbox"/> DELETE	31. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROSENBLITT, M		32. NAME	000001824700			
STREET ADDRESS	1333 E HALLNDALE BCH BLV		33. STREET ADDRESS	-05/16/96--01041--039			
CITY-ST-ZIP	HALLANDALE, FL 0		34. CITY-ST-ZIP	***61.25	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE	41. TITLE	T D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HERDEGEN, AL		42. NAME	RENEE SERLIN			
STREET ADDRESS	1333 E HALLANDALE BCH BLV		43. STREET ADDRESS	1333 E Hallandale Bch Blvd			
CITY-ST-ZIP	HALLANDALE FL		44. CITY-ST-ZIP	Hallandale FL 33009			
TITLE	D	<input checked="" type="checkbox"/> DELETE	51. TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BELLMORE, PAULINE		52. NAME	Janet Kownacke			
STREET ADDRESS	1333 E HALLANDALE BCH BLV		53. STREET ADDRESS	1333 E Hallandale Bch Blvd			
CITY-ST-ZIP	HALLANDALE FL		54. CITY-ST-ZIP	Hallandale FL 33009			
TITLE		<input type="checkbox"/> DELETE	61. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			62. NAME				
STREET ADDRESS			63. STREET ADDRESS				
CITY-ST-ZIP			64. CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dorothy Gould* 4-19-96 954-456-5193  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)