

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33009-4625
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3. Date Incorporated or Qualified 07/12/1967		3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 21		4. FEI Number 59-1226996	
2a. Mailing Address 26		Applied For Not Applicable	
Suite, Apt. #, etc. 22		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country 25			
City & State 27			
Zip 29			
Country 30			

9. Name and Address of Current Registered Agent

**GOULD, DOROTHY
1333 E HALLANDALE BCH BLVD.
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 Pres. April Mist **1-3-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	GOULD, DOROTHY
STREET ADDRESS	1333 E. HALLANDALE BCH BLVD.
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	VPD <input type="checkbox"/> DELETE
NAME	CEDRONE, BRUNO
STREET ADDRESS	1333 E. HALLANDALE BCH BLVD.
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	SD <input type="checkbox"/> DELETE
NAME	ROSENBLITT, M
STREET ADDRESS	1333 E HALLANDALE BCH BLV
CITY-ST-ZIP	HALLANDALE, FL 0
TITLE	TD <input type="checkbox"/> DELETE
NAME	SERLIN, RENEE
STREET ADDRESS	1333 E. HALLANDALE BCH BLVD.
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input type="checkbox"/> DELETE
NAME	KOWNACKE, JANET
STREET ADDRESS	1333 E. HALLANDALE BCH BLVD.
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 President April Mist **1-3-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022687

CR2E037 (9/96)