


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

**FILED**

**Jan 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713059 (4)**

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

<b>Principal Place of Business</b> 1333 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009	<b>Mailing Address</b> 1333 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009
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<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3. Date Incorporated or Qualified</b> 07/12/1967
<b>4. FEI Number</b> 59-1226996
Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

**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 **DATE** 1-14-98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, DOROTHY	1.2 NAME	
STREET ADDRESS	1333 E. HALLANDALE BCH BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEDRONE, BRUNO	2.2 NAME	
STREET ADDRESS	1333 E. HALLANDALE BCH BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBLITT, M	3.2 NAME	
STREET ADDRESS	1333 E HALLANDALE BCH BLV	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 0	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERLIN, RENEE	4.2 NAME	
STREET ADDRESS	1333 E. HALLANDALE BCH BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOWNACKE, JANET	5.2 NAME	
STREET ADDRESS	1333 E. HALLANDALE BCH BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14.** 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 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:** Sandra B. Mortham **SIGNATURE REQUIRED** 1-14-98

CR2E037 (10/97)