

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90087 008 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 713059

1. Entity Name
APRIL MIST ASSOCIATION, INC. A CONDOMINIUM ASSOC

Principal Place of Business Mailing Address
1333 E. HALLANDALE BCH BLVD. **1333 E. HALLANDALE BCH BLVD.**
HALLANDALE FL 33009 **HALLANDALE FL 33009-4625**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-1226996 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

GENOVA, JOHN
1333 E HALLANDALE BCH BLVD.
APT 130
HALLANDALE FL 33009

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 *Ilva D'Angelo*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

FILE NOW: FEE IS \$61.25 **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENOVA, JOHN 1333 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ilva D'Angelo 1333 E Hallandale Bch Blvd # 131 Hallandale Beach, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FICI, JOHN 1333 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-President Albert Ricco 1333 E Hallandale Bch Blvd #443 Hallandale Beach, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B KOWNACKE, JOHN 1333 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Luaille Kaye 1333 E Hallandale Bch Blvd #341 Hallandale Beach, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOWNACKE, JANET 1333 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marijana Popi 1333 E. Hallandale Bch Blvd # 444 Hallandale Beach, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICCO, DOROTHY 1333 E HALLANDALE BCH BLVD HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Esperanza Uulpis 1333 E Hallandale Bch. Blvd #344 Hallandale Beach, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, MARCELLA 1333 E HALLANDALE BCH BLVD HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ilva D'Angelo* **SIGNATURE REQUIRED** **3-25-00 954-923-8086**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)