

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713059

**Entity Name:** APRIL MIST ASSOCIATION, INC. A CONDOMINIUM ASSOCIATION

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC3727408088**

**Current Principal Place of Business:**

1333 E. HALLANDALE BCH BLVD.  
HALLANDALE, FL 33009

**Current Mailing Address:**

1333 E. HALLANDALE BCH BLVD.  
HALLANDALE, FL 33009

**FEI Number: 59-1226996**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SFETCU, VICKY  
901 S STATE RD 7  
SUITE 358  
HOLLYWOOD, FL 33023 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: VICKY SFETCU**

**04/29/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STANCIU, JOHNNY  
Address        1333 E-HALLANDALE BEACH BLVD  
                  APT 132  
City-State-Zip: HALLANDALE FL 33009

Title            VP  
Name            HAINES, JUDITH  
Address        1333 E HALLANDALE BEACH BLVD  
                  APT 442  
City-State-Zip: HALLANDALE FL 33009

Title            S  
Name            FICI, AGATHA  
Address        1333 E. HALLANDALE BLVD. 332  
                  141  
City-State-Zip: HALLANDALE FL 33008

Title            T  
Name            POPI, MARIJANA  
Address        1333 E. HALLANDALE BCH. BLVD. APT  
                  444  
City-State-Zip: HALLANDALE FL 33009

Title            D  
Name            TRIF, ELENA  
Address        1333 E. HALLANDALE BEACH BLVD  
                  APT 443  
City-State-Zip: HALLANDALE FL 33009

Title            DIRECTOR  
Name            MEZA, MIGUEL  
Address        1333 E HALLANDALE BEACH BVLD  
                  238  
City-State-Zip: HALLANDALE FL 33009

Title            DIRECTOR  
Name            KOWNACKE, JANET  
Address        1333 E HALLANDALE BEACH BLVD  
                  236  
City-State-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: JOHNNY STANCIU**

**PRESIDENT**

**04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date