2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
03-20-2001 90037 010 ****61.25

DOCUMENT # 719043

1. Entity Name

AZURE LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
875 NE 195 ST NORTH MIAMI BEACH FL 33179-405 US	875 NE 195 ST NORTH MIAMI BEACH FL 33179-405 US

C0035641

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1292292 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERSTEN, SID 875 N.E. 195TH STREET NO. MIAMI BCH FL 33179	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**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	VD FERSTEN, SID 879 N E 195 ST N MIAMI BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARNEY, JAMES 871 N.E. 195TH ST MIAMI FL 33179	☒ Delete	TITLE VP / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Oscar Barber 879 N E !95th St Miami FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STERN, DAVID 875 NE 195 ST N MIAMI BEACH FL	☒ Delete	TITLE PD / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Ziril Szerlip 877 N E 105th St Miami FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FRIEDMAN, LORAINE 877 NE 195TH ST N MIAMI BCH FL 33179	☒ Delete	TITLE T / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Dorothy Powers 877 N E 195th St Miami FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Sidney Fersten SIGNATURE REQUIRED 3/15/01 305-651-7280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #