2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State
04-07-2006 90029 027 ****61.25

DOCUMENT # 719043

1. Entity Name
AZURE LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MIB MGMT. SERVICES, INC 19501 NE 10TH AVENUE, SUITE 300 MIAMI, FL 33179 US	C/O MIB MGMT. SERVICES, INC 19501 NE 10TH AVENUE, SUITE 300 MIAMI, FL 33179 US

04032006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Unlimited Property Management	Unlimited Property Management
Suite, Apt. #, etc. 7655 NW 50 Street	Suite, Apt. #, etc. 7655 NW 50 Street
City & State Miami FL	City & State Miami FL
Zip 33166 Country USA	Zip 33166 Country USA

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
SKRLD, INC. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES, FL 33134	Name: Unlimited Property Management Street Address (P.O. Box Number is Not Acceptable): 7655 NW 50 Street City: Miami FL Zip Code: 33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 4/5/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HITE, DONALD C 877 NE 195TH STREET, #117 MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HITE, DONALD C 877 NE 195TH STREET #117 MIAMI FL 33179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IDELS, ESTHER 877 NE 195TH STREET #221 MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SZERLIP, ZIRIL VPD 879 NE 195 Street #422 MIAMI FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TRAUERS, SUSAN 871 NE 186 STREET, # 202 MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELENA SAPELLI #414 875 NE 195 Street MIAMI FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAHNER, JOANNE 873 NE 195 STREET, # 106 MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ELMOWITZ, SAMUEL 873 NE 195 STREET, # 306 MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ABRAMOVITCH, FRED 879 NE 195 STREET, # 428 MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/05/06 305 651-0522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #