

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 26, 2009
Secretary of State

DOCUMENT# 719043

Entity Name: AZURE LAKE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**AZURE LAKE
875 NE 195 STREET
MIAMI, FL 33179**New Principal Place of Business:****Current Mailing Address:**AZURE LAKE
875 NE 195 STREET
MIAMI, FL 33179**New Mailing Address:****FEI Number:** 59-1292292**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RANDALL K ROGER & ASSOCIATES P.A.
621 NW 53 STREET, SUITE 300
BOCA RATON, FL 33487 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELEON, BYRON
Address: 873 NE 195 STREET #406
City-St-Zip: MIAMI, FL 33179

Title: VP () Delete
Name: CRONIN, SUSAN
Address: 873 NE 195 STREET #210
City-St-Zip: MIAMI, FL 33179

Title: T () Delete
Name: TRAVERS, SUSAN
Address: 871 NE 195 STREET #202
City-St-Zip: MIAMI, FL 33179

Title: S () Delete
Name: JOHNSON, PHYLISS
Address: 875 NE 195 STREET #411
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: ESQUILIN, KERMAN
Address: 877 NE 195TH STREET #219
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: DON, HITE
Address: 877 NE 195TH STREET #117
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: ESQUILIN, KERMAN J
Address: 877 NE 195 STREET #219
City-St-Zip: MIAMI, FL 33179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HITE, DON C
Address: 877NE 195 STREET #117
City-St-Zip: MIAMI, FL 33179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MULLGRAV, SUSAN
Address: 879 NE 195TH STREET #227
City-St-Zip: MIAMI, FL 33179

Title: D (X) Change () Addition
Name: IDELS, ESTHER
Address: 877 NE 195TH STREET #221
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN TRAVERS

ASST

05/26/2009

Electronic Signature of Signing Officer or Director

Date