

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90014 010 ****61.25

DOCUMENT # 727301		
1. Entity Name MAR-AZUL CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 600 GRAPETREE DRIVE KEY BISCAVNE, FL 33149	Mailing Address 600 GRAPETREE DRIVE KEY BISCAVNE, FL 33149	

400101



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1506805	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, ANDY
PRESIDENTIAL CIRCLE
4000 HOLLYWOOD BLVD., SUITE 265 S
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and this, if applicable.

(NOTE: Registered Agent signature required when reappointing)

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**

10. OFFICERS AND DIRECTORS

TITLE	PT	
NAME	SIMONS, ROBERT	Guido Conill
STREET ADDRESS	600 GRAPETREE DR APT #885	600 Grapetree Dr. #8AM
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	Key Biscayne, FL 33149
TITLE	VPT	
NAME	GARCIA, JULIETA	Joaquin Penichet
STREET ADDRESS	600 GRAPETREE DR #809	600 Grapetree Dr. #9FS
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	Key Biscayne, FL 33149
TITLE	D	
NAME	GARCIA, JULIETA	Jorge Goytisolo
STREET ADDRESS	600 GRAPETREE DR #8AN	600 Grapetree Dr. #3DS
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	Key Biscayne, FL 33149
TITLE	TT	
NAME	PENICHET, JOAQUIN	Alfred Hernandez
STREET ADDRESS	600 GRAPETREE DR #8PS	600 Grapetree Dr. #6DN
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	Key Biscayne, FL 33149
TITLE	Secretary	Isis Hoffman
NAME	MOLET, MIGUEL	
STREET ADDRESS	600 GRAPETREE DR #4PS	600 Grapetree Dr. #6EN
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	Key Biscayne, FL 33149
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

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 reports 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06

305-361-5003

Date

Daytime Phone #