



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 727301 1. Entity Name MAR-AZUL CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 600 GRAPETREE DRIVE KEY BISCAINE, FL 33149	Mailing Address 600 GRAPETREE DRIVE KEY BISCAINE, FL 33149
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04132007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-1506805	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent LEWIS, ANDY PRESIDENTIAL CIRCLE 4000 HOLLYWOOD BLVD., SUITE 265 S HOLLYWOOD, FL 33021

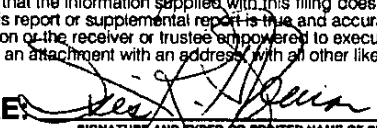
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000756255 05/23/07-80022-023 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CONILL, GUIDO 600 GRAPETREE DR, #8 AN KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PENICHET, JOCQUIN 600 GRAPETREE DR, #9FS KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOYTISOLO, JORGE 600 GRAPETREE DR # 3DS KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT HERNANDEZ, ALFRED 600 GRAPETREE DR, # 60N KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ISIS, HOFFMAN 600 GRAPETREE DR, # 6EN KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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  ISIS R. HOFFMAN	4/20/07 (305) 361-5003
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>