FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001476544
-05/04/95--01131--017
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # 754858

1. Corporation Name
AZURE TIDES OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 10/28/80
3a. Date of Last Report: 4/26/94

4. FEI Number: 59-2672732 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	1330 BEN FRANKLIN DR.	2a. Mailing Address 26	46 N. WASHINGTON BLVD.
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	#1
City & State 23	SARASOTA, FL	City & State 28	SARASOTA, FL
Zip 24	34236	Zip 29	34236
County 25	USA	County 30	USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: ROTEN, REX A.
	82 Street Address (P.O. Box Number is Not Acceptable): 46 N. WASHINGTON BLVD., #1
	83
	84 City: SARASOTA, FL 85 Zip Code: FL 34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/26/95
Signature of new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P,D	11 TITLE	☐ Change ☐ Addition
NAME	MONSOUR, HOWARD	12 NAME	
STREET ADDRESS	RD.# 6, RTE 30	13 STREET ADDRESS	
CITY ST ZIP	GREENSBURG, PA	14 CITY ST ZIP	
TITLE	V/D	21 TITLE	☐ Change ☐ Addition
NAME	MONSOUR, ROY	22 NAME	
STREET ADDRESS	70 LINCOLN WAY E.	23 STREET ADDRESS	
CITY ST ZIP	JEANNETTE, PA	24 CITY ST ZIP	
TITLE	S,T,D	31 TITLE	☐ Change ☐ Addition
NAME	MONSOUR, ROBERT	32 NAME	
STREET ADDRESS	HUNTINGTON FARM #348	33 STREET ADDRESS	
CITY ST ZIP	LIGONIER, PA	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
HOWARD MONSOUR, President