

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-02-2001 90043 043 ****61.25

DOCUMENT # N00000006732

1. Entity Name

AZURE HIGHLAND BEACH CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

C/O SHAPIRO & ADAMS, P.A.
 2401 PGA BLVD., SUITE 272
 PALM BEACH GARDENS FL 33410

C/O SHAPIRO & ADAMS, P.A.
 2401 PGA BLVD., SUITE 272
 PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

SHAPIRO, ROBERT LEE ESQ.
 C/O SHAPIRO & ADAMS, P.A.
 2401 PGA BLVD., SUITE 272
 PALM BEACH GARDENS FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: registered Agent signature required when renewing)

DATE

**FILE NOW:
 FEE IS \$61.25**

 9. Election Campaign Financing
 Trust Fund Contribution. ☐
**\$5.00 May Be
 Added to Fees**
**Make Check Payable to
 Department of State**
10. OFFICERS AND DIRECTORS**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAAN, VALERIE 648 OSPREY POINT CIRCLE BOCA RATON FL 33431	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRIS, WILLIAM 3200 S. OCEAN BLVD. HIGHLAND BEACH FL 33487	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHAFER, LORRIE 3200 S. OCEAN BLVD. HIGHLAND BEACH FL 33487	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2637 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Robert Lee Shapiro
 SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

Date

Daytime Phone #