2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 AM
Secretary of State

DOCUMENT# N00000006732

Entity Name: AZURE HIGHLAND BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

220 BROADWAY
SUITE 101
LYNNFIELD, MA 01940 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAPIRO, ROBERT LEE ESQ.
2401 PGA BLVD.
SUITE 272
PALM BEACH GARDENS, FL 33410 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: PD ( ) Delete
Name: KAAN, VALERIE
Address: 646 OSPREY POINT CIRCLE
City-St-Zip: BOCA RATON, FL 33431

Title: VPD ( ) Delete
Name: HARKINS, WILLIAM
Address: 3200 S. OCEAN BLVD.
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: STD ( ) Delete
Name: SCHAFFER, LORRIE
Address: 3200 S. OCEAN BLVD.
City-St-Zip: HIGHLAND BEACH, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VALEIE KAAN PD 04/25/2002

Electronic Signature of Signing Officer or Director — Date