


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

FILED
Jul 03, 2008 8:00 am
Secretary of State

07-03-2008 90014 050 ****61.25

DOCUMENT # <u>NO1000003015</u>	
1. Entity Name <u>Azure Condominium Association Inc.</u>	

DO NOT WRITE IN THIS SPACE

40109451

CR2E037B (5/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renewing) **DATE** _____

FEE IS \$81.25 Initial or Amended AR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	<u>President</u>
NAME	<u>Michael Levkovitz</u>
STREET ADDRESS	<u>9401 Collins Ave Unit-50C</u>
CITY-ST-ZIP	<u>Miami Beach, FL 33154</u>
TITLE	<u>VP</u>
NAME	<u>Jeffrey Brauerman</u>
STREET ADDRESS	<u>9401 Collins Ave #505</u>
CITY-ST-ZIP	<u>Surfside, FL 33154</u>
TITLE	<u>S/T</u>
NAME	<u>Jeffrey Weiss</u>
STREET ADDRESS	<u>9401 Collins Ave # 906</u>
CITY-ST-ZIP	<u>Surfside, FL 33154</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Michael Levkovitz JUNE 29.08 305-868-4620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #