


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90263 038 \*\*\*\*70.00

<b>DOCUMENT # N03000003912</b> 1. Entity Name <b>AZURA TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>5633 MARSEILLES PORT LANE BOYNTON BEACH, FL 33437</b>		Mailing Address <b>5633 MARSEILLES PORT LANE BOYNTON BEACH, FL 33437</b>	
2. Principal Place of Business <b>7824 SONOMA SPRINGS CIR.</b>		3. Mailing Address <b>P.O. Box 3371</b>	
Suite, Apt. #, etc. <b>308</b>		Suite, Apt. #, etc.	
City & State <b>LAKE WORTH</b>		City & State <b>STAMFORD, CT.</b>	
Zip <b>33463</b> Country <b>PBC</b>		Zip <b>06905</b> Country <b>FAIRFIELD</b>	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<div style="display: flex; justify-content: space-between;"> <div> <b>Make check payable to Florida Department of State</b> </div> </div>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERTL, GABOR J <input type="checkbox"/> Delete 5633 MARSEILLES PORT LANE BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7824 SONOMA SPRINGS CIR. #308 LAKE WORTH, FL. 33463</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MERTL, MARIA M <input type="checkbox"/> Delete 5633 MARSEILLES PORT LANE BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7824 SONOMA SPRINGS CIR. #308 LAKE WORTH, FL. 33463</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SULLIVAN, TERRY <input checked="" type="checkbox"/> Delete 5633 MARSEILLES PORT LANE BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERTL, PAUL E. <input type="checkbox"/> Delete 7824 SONOMA SPRINGS CIR. #308 LAKE WORTH, FL. 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
<b>SIGNATURE:</b> <u>Gabor J. Mertl, PD. GABOR J. MERTL</u> <b>4/27/05 203 6553350</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

**14009962**



04242005 Chg-NP CR2E037 (10/03)

4. FEI Number **57-1166161** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**