2006 N&T-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # N03000003912 04-24-2006 90368 048 ****61.25 AZURA TOWNHOUSES HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 7824 SONOMA SPRINGS CIR. PO BOX 3371 STAMFORD CT 06905 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address 436 29 THE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State 4. FEI Number Applied For 57-1166161 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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 DATE THE STATE OF THE S FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Change ■ Addition TITLE ☐ Delete MERTL, GABOR J NAME NAME 7824 SONOMA SPRINGS CIR #308 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-7IP CITY-ST-ZIP STD TITLE ☐ Delete TITLE MERTL, MARIA M NAME NAME 7824 SONOMA SPRINGS CIR #308 STREET ADDRESS STREET ADORESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP VD ☐ Delete TITLE TITLE NAME MERTL, PAUL E STREET ADDRESS 7824 SONOMA SPRINGS CIR. #308 STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-ZIP CITY - ST- 7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED