2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N03000003912 04-13-2007 90167 011 ****61.25 AZURA TOWNHOUSES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 3371 STAMFORD CT 06905 436 29TH ST WEST PALM BEACH FL 33407 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 57-1166161 Not Applicable Zip Country Zip 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** City 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 partie of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE PD ☐ Delete 11111 ☐ Addition NAME MERTL, GABOR J NAME CATE Aquin Lake Rd. STREET ADDRESS STREET ADDRESS 436 29TH ST LAKE WORTH, FL. 33463 CHY SI-ZIP WEST PALM BEACH FL 33407 CHY ST ZIP TIFLE Defete DHE Change STD ☐ Addition NAME MERTL, MARIA M NAME 6476 AQURALAKE RD. LAKE WORTH, EL. 33463 Change STREET ADDRESS STREET ADORESS 436 29TH ST CITY-ST ZIP WEST PALM BEACH FL 33407 CITY ST ZIP THEF ☐ Delete IIILE ☐ Addition GATO ATURA LAKERD 33463 NAME MERTL, PAUL E NAME STRUCT ADDRESS STREET ADDRESS 436 29TH ST CITY ST-ZIP CITY ST ZIP WEST PALM BEACH FL 33407 Delete TITLE Addition NAME NAME STREET ADDRESS STRELT ADDRESS CHY-ST-ZIP CITY ST 7IP HILLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY ST-7IP TITLE ☐ Delete THE ☐ Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY S1-74P

12. I hereby certify that the information supplied with this filling 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 eath; that I am an efficer 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:

1. Mell m

au. 2-07

FILED

Apr 13, 2007 8:00 am