

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90172 033 \*\*\*\*61.25

**DOCUMENT # N05000009304**



1. Entity Name  
**AZUL AT KIMBERLY LAKE CONDOMINIUM  
ASSOCIATION, INC.**

Principal Place of Business  
**4050 NE 12TH TERR.  
OAKLAND PARK, FL 33334**

Mailing Address  
**C/O A & W PROPERTY MANAGEMENT  
P.O. BOX 15624  
PLANTATION, FL 33318**

**60032892**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

**20-3461435**

Applied For

Not Applicable

Zip

Country

Zip

Country

6. Certificate of Status Desired -- ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**A & W PROPERTY MANAGEMENT, INC.  
9715 WEST BROWARD BLVD.  
#235  
PLANTATION, FL 33324**

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 reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BOWLES, DAVID  
STREET ADDRESS 4050 N.E. 12 TERRACE #25  
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE VP ☒ Delete  
NAME PHILLIP, BLOT  
STREET ADDRESS 4050 N.E. 12 TERRACE #4  
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE T ☒ Delete  
NAME MICHAEL, ORGAN  
STREET ADDRESS 4050 N.E. 12 TERRACE #54  
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE SEC. ☐ Delete  
NAME KATHLEEN, CONSTANZO  
STREET ADDRESS 4050 N.E. 12 TERRACE #45  
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE DIR. ☐ Delete  
NAME MARINA, SARABIA  
STREET ADDRESS 4050 N.E. 12 TERRACE #64  
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition  
NAME OMAR HUNTLEY  
STREET ADDRESS 4051 NE 13 AVE # 51-3  
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE T ☐ Change ☒ Addition  
NAME SONJA KEMPSKI  
STREET ADDRESS 4051 NE 13 AVE # 68-3  
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*X 4/26/08*