

**2007 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

APPROVED  
AND  
FILED

DOCUMENT # N06000003838

1. Entity Name  
THE AZUR AT METROWEST CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
950 MARKET PROMENADE AVE - STE 2200  
LAKE MARY, FL 32746

Mailing Address  
6432 RALEIGH ST  
ORLANDO, FL 32835

2. Principal Place of Business - No P.O. Box #  
6432 Raleigh Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando, Florida

City & State

Zip  
32835

Country  
Orange

Zip

Country

4. FEI Number  
03-0582491

Applied For  
Not Applicable

5. 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

CONDOMINIUM CONCEPTS MANAGEMENT  
6432 RALEIGH ST  
ORLANDO, FL 32835

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

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLURE, BRIAN K 950 MARKET PROMENADE AVE - STE 2200 LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Matthew South 6400 Raleigh St., 3004 Orlando, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIGAN, JAMES 6372 RALEIGH ST SUITE 1911 ORLANDO, FL 32835	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Casinova Henderson 6328 Raleigh Street, 814 Orlando, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAFFROS, TRACY 5925 CARNEGIE BLVD CHARLOTTE, NC 28209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. /Tres. Lionel Langlois 8099 Canyon Lake Cir. Orlando, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200112267582 11/14/07--01014--002	<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 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.

10/18/07 407-297-4005

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #