

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003071

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** LAKE AZZURE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8505 LINCOLN COVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

23800 WEST TEN MILE RD  
SUITE 220  
SOUTHFIELD, MI 48033

**New Mailing Address:**

**FEI Number:** 20-8862112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, WALTER J  
8505 LINCOLN COVE  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FRIEDMAN, DAVID  
Address: 34975 TWELVE MILE RD., SUITE 200  
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: MGR  
Name: COHEN, WALTER  
Address: 23800 W. TEN MILE RD., SUITE 220  
City-St-Zip: SOUTHFIELD, MI 48033

Title: STD  
Name: CARSON, STEPHEN J  
Address: 31275 NORTHWESTERN HWY., SUITE 225  
City-St-Zip: FARMINGTON HILLS, MI 48334

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WALTER COHEN

MGR

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date