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

SIGNATURE: WILLIAM LOTHIAN

Electronic Signature of Signing Officer/Director Detail

SIESKY, JAMES H. 2800 DAVIS BLVD, SUITE 205 NAPLES, FL 34104 US

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

Officer/Director Detail :

City-State-Zip: NAPLES FL 34102

Title	DIRECTOR, SECRETARY, Title TREASURER Name	Title	DIRECTOR, PRESIDENT
Name		Name	LOTHIAN, WILLIAM
Address	1540 BLUE POINT AVENUE #201	Address City-State-Zip:	1540 BLUE POINT AVENUE #102
			NAPLES FL 34102
City-State-Zip:	NAPLES FL 34102		
Title	DIRECTOR, VP		
Name	DIXON, CURT		
Address	1540 BLUE POINT AVENUE #103		

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 above, or on an attachment with all other like empowered.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001929

Entity Name: AZZURRO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1540 BLUE POINT AVENUE NAPLES. FL 34102

Current Mailing Address:

C/O FC PROPERTIES, INC. 4158 LORRAINE AVE. NAPLES, FL 34104 US

FEI Number: 20-8627492

Name and Address of Current Registered Agent:

Date

Certificate of Status Desired: No

Date

FILED Feb 07, 2024 Secretary of State 7433168198CC

PRESIDENT

02/07/2024