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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Murpham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 756018 (8)
1. Corporation Name
AZALEA WOODS CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2697-B SUNSET POINT ROAD
CLEARWATER FL 34619**

Mailing Address
**2697-B SUNSET POINT ROAD
CLEARWATER FL 34619**

3. Date Incorporated or Qualified
01/22/1981

3a. Date of Last Report
04/21/1994

4. FEI Number
59-2169265

Applied For
 Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**NASSER, WILLIAM J.
2697-B SUNSET POINT ROAD
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUBINSTEIN, GEORGE 2480 NORTHSIDE DR #1305 CLEARWATER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMEIS, JOSEPH 2480 NORTHSIDE DR #1501 CLEARWATER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAVER, VIRGINIA 2480 NORTHSIDE DRIVE #1206 CLEARWATER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUERRA, JOSEPH 2480 NORTHSIDE DR #1303 CLEARWATER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, HELEN 2480 NORTHSIDE DRIVE #1101 CLEARWATER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD DeMeis, Joseph 2460 Northside Dr. #1501 Clearwater, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD DeMeo, Paul M. 2460 Northside Dr. #603 Clearwater, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD Collins, John S. 2460 Northside Dr. #1204 Clearwater, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD Shaver, Virginia 2460 Northside Dr. #1206 Clearwater, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SD Linning, Colleen 2460 Northside Dr. #903 Clearwater, FL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: Paul M. De Meis 4/19/95 813-799-0079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expires (Years)