

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified **01/22/1981** 3a. Date of Last Report **04/25/1995**
4. FEI Number **59-2169265** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEMEIS, JOSEPH | 1.2 NAME | |
| STREET ADDRESS | 2460 NORTHSIDE DR 1501 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL | 1.4 CITY - ST - ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEMEO, PAUL M | 2.2 NAME | |
| STREET ADDRESS | 2460 NORTHSIDE DR 603 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL | 2.4 CITY - ST - ZIP | |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLLINS, JOHN S | 3.2 NAME | |
| STREET ADDRESS | 2460 NORTHSIDE DR 1204 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL | 3.4 CITY - ST - ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAVER, VIRGINIA DR 12 | 4.2 NAME | |
| STREET ADDRESS | 2460 NORTHSIDE DR #1303 | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL | 4.4 CITY - ST - ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LINNING, COLLEEN | 5.2 NAME | |
| STREET ADDRESS | 2460 NORTHSIDE DR 903 | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | Director |
| STREET ADDRESS | | 6.3 STREET ADDRESS | White, Geraldine |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | 2460 Northside Drive Clearwater, FL 34621 |

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 199.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul M. DeMeis* Date: *4/20/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)