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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34619-1500

3. Date Incorporated or Qualified 01/22/1981
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
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

9. Name and Address of Current Registered Agent
NASSER, WILLIAM J.
2697-B SUNSET POINT ROAD
CLEARWATER FL 34619-33759
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME DEMEIS, JOSEPH STREET ADDRESS 2460 NORTHSIDE DR 1501 CITY-ST-ZIP CLEARWATER FL	<input type="checkbox"/> DELETE	1.1 TITLE VD 1.2 NAME DEMEIS, JOSEPH 1.3 STREET ADDRESS 2460 NORTHSIDE DR. 1501 1.4 CITY-ST-ZIP CLEARWATER, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME DEMEO, PAUL M STREET ADDRESS 2460 NORTHSIDE DR 603 CITY-ST-ZIP CLEARWATER FL	<input type="checkbox"/> DELETE	2.1 TITLE P 2.2 NAME DEMEO, PAUL M. 2.3 STREET ADDRESS 2460 NORTHSIDE DR 603 2.4 CITY-ST-ZIP CLEARWATER, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WHITE, GERALDINE STREET ADDRESS 2460 NORTHSIDE DR CITY-ST-ZIP CLEARWATER FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME SHAVER, VIRGINIA DR 12 STREET ADDRESS 2460 NORTHSIDE DR #1303 CITY-ST-ZIP CLEARWATER FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD 4.2 NAME GOLDEN, HELEN 4.3 STREET ADDRESS 2460 NORTHSIDE DR 1303 4.4 CITY-ST-ZIP CLEARWATER, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME LNNING, COLLEEN STREET ADDRESS 2460 NORTHSIDE DR 903 CITY-ST-ZIP CLEARWATER FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE SD 5.2 NAME MCOWEN, JUDY A. 5.3 STREET ADDRESS 2460 NORTHSIDE DR 5.4 CITY-ST-ZIP CLEARWATER, FL 34621	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* 4/24/97 813-799-0079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0087085

CR2E037 (9/96)