

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90318 050 ****61.25

DOCUMENT # 756018

1. Entity Name

AZALEA WOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3438 EAST LAKE RD
 #22
 PALM HARBOR FL 34685
 US

3438 EAST LAKE RD
 #22
 PALM HARBOR FL 34685-2413
 US

2. Principal Place of Business

3. Mailing Address

3440 EAST LAKE RD

3440 EAST LAKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 106

SUITE 106

City & State

City & State

PALM HARBOR FL

PALM HARBOR FL

4. FEI Number

59-2169265

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

34685

PINELLAS

Zip

Country

34685

PINELLAS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOLAN, JAMES M
3438 EAST LAKE RD
#22
PALM HARBOR FL 34685

Name

JAMES M NOLAN

Street Address (P.O. Box Number is Not Acceptable)

3440 EAST LAKE RD

SUITE 106

City

PALM HARBOR FL

FL

Zip Code

34685

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DEMEIS, JOSEPH	
STREET ADDRESS	2460 NORTHSIDE DR 1501	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEMEO, PAUL M	
STREET ADDRESS	2460 NORTHSIDE DR #603	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, GERALDINE	
STREET ADDRESS	2460 NORTHSIDE DR	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LINNING, COLLEEN	
STREET ADDRESS	2460 NORTHSIDE DR #903	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCOWEN, JUDY A	
STREET ADDRESS	2460 NORTHSIDE DR	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PECORA, LEATRICE	
STREET ADDRESS	2460 Northside Drive #803	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUERRA, ANNE	
STREET ADDRESS	2460 NORTHSIDE DRIVE #1303	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDEN, HELEN	
STREET ADDRESS	2460 NORTHSIDE DRIVE #1101	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEIT, CHARLETTE	
STREET ADDRESS	2460 NORTHSIDE DRIVE #804	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anne Guerra **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

727-785-8857

Date

Daytime Phone #

CR2E037 (9/99)