

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756018

FILED  
Apr 03, 2007  
Secretary of State

Entity Name: AZALEA WOODS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number: 59-2169265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REARDON, MAUREEN C  
4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: MAYDAY, ALICE  
Address: 2460 NORTHSIDE DRIVE #1301  
City-St-Zip: CLEARWATER, FL 33761

Title: PD ( ) Delete  
Name: BARTHOLOW, ED  
Address: 2460 NORTHSIDE DR., #1306  
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete  
Name: SHADDOCK, FLORENCE  
Address: 2460 NORTHSIDE DR., #1207  
City-St-Zip: CLEARWATER, FL 33761

Title: TD ( ) Delete  
Name: GREIVER, MARVIN  
Address: 2460 NORHTSIDE DRIVE, #1302  
City-St-Zip: CLEARWATER, FL 33761

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD ( ) Change (X) Addition  
Name: GINGRAS, CHRISTINA  
Address: 2460 NORTHSIDE DRIVE, #1303  
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED BARTHOLOW

PD

04/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date