2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 15, 2002 8:00 am Secretary of State **DOCUMENT # 764221** 1. Entity Name AZALEA LANE CONDOMINIUM ASSOCIATION, INC. 01-15-2002 90072 038 ****61.25 Principal Place of Business Mailing Address 1096 AZALEA LANE 1096 AZALEA LANE WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 1086 Azalea Lane Hralea Lane Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 29-4436311 M Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CASEY, JENNIFER 1086 AZALEA LANE WINTER PARK FL 32789 Zip Code 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. SJGNATURE distered agent and title if applicable IOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE (9/01) ☐ Delete TITLE Change ☐ Addition CASEY, JENNIFER NAME NAME STREET ADDRESS 1086 AZALEA LANE STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change ☐ Addition HORNER, JOANNE NAME 1084 AZALEA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MONTGOMERY, KRISTY NAME NAME STREET ADDRESS 1096 AZALEA LANE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ream, julie NAME NAME STREET ADDRESS 1094 AZALEA LANE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED