2003 NOT-FOR-PROFIT CORPORATION

FILED May 22, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # 764221 05-22-2003 90136 042 ****61.25 AZALEA LANE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1086 AZALEA LANE 1086 AZALEA LANE WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 29-4436311 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CASEY, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 1086 AZALEA LANE **WINTER PARK FL 32789** City 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. I am familiar with, and accept SIGNATURE OTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD ☐ Addition TITLE ☐ Delete TITLE NAME CASEY, JENNIFER NAME STREET ADDRESS 1086 AZALEA LANE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP Change TITI F ☐ Addition TITLE ☐ Delete HORNER, JOANNE NAME NAME 1084 AZALEA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete REAM, JULIE NAME NAME 1094 AZALEA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP DAVIS, BEN 1096 Azalea Lane ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS WINTER PARK, FL.32789 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Delete 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.

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

☐ Change

☐ Addition