FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001491 (0)**

1. Corporation Name

AZALEA RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 908 TALLAHASSEE FL 32302	3225 E. LAKESHORE DR. TALLAHASSEE FL 32312 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1993
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3176862 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

WEEKS, BETTY
3225 E. LAKESHORE DR.
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D and P ☐ Change ☐ Addition
NAME	WEEKS, BETTY W.	12 NAME	Weeks, Betty W. (Specifying Title Only)
STREET ADDRESS	3225 E. LAKESHORE DR	13 STREET ADDRESS	3225 E. Lakeshore Dr.
CITY-ST-ZIP	TALLHASSEE FL	14 CITY-ST-ZIP	Tallahassee, Florida, 32312
TITLE	ST	21 TITLE	D and S-T ☐ Change ☐ Addition
NAME	TEDDER, SANDRA D.	22 NAME	Tedder, Sandra D.
STREET ADDRESS	RT 5 BOX 750	23 STREET ADDRESS	Route 5, Box 750 (Specifying Title Only)
CITY-ST-ZIP	TALLAHASSE FL	24 CITY-ST-ZIP	Tallahassee, Fl 32311
TITLE	D and P (93-94)	31 TITLE	Member at Large & Director ☒ Change ☐ Addition
NAME	Weeks, William G.	32 NAME	Linda Sue Weeks
STREET ADDRESS	3225 East Lakeshore Drive	33 STREET ADDRESS	3280 Rue de Lafitte
CITY-ST-ZIP	Tallahassee, Fl 32312	34 CITY-ST-ZIP	Tallahassee, Fl 32312
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sandra D. Tedder SANDRA D. TEDDER 4/28/95 904-222-3533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027875