I hereby 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 all other like empowered.

PRESIDENT

#### SIGNATURE: MICHELLE WRIGHT

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# N0200004083

# Entity Name: AZALEA PARK SAFE NEIGHBORHOOD ASSOCIATION, INC.

### **Current Principal Place of Business:**

26 WILLOW DR. C/O PAT ROBERTS CHRIST THE KING EPISC. CHURCH ORLANDO, FL 32807

### **Current Mailing Address:**

53 N OXALIS DRIVE ORLANDO, FL 32807

# FEI Number: 59-3641998

# Name and Address of Current Registered Agent:

WRIGHT, MICHELLE MRS 53 N OXÁLIS DRIVE ORLANDO, FL 32807 US

Certificate of Status Desired: No

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

# **Officer/Director Detail :**

Title	P	Title	V	
Name	WRIGHT, MICHELLE MRS	Name	TURNER, KEVIN	
Address	53 N OXALIS DRIVE	Address	34 REDWOOD	
City-State-Zip:	ORLANDO FL 32807	City-State-Zip:	ORLANDO FL 32807	
Title	S	Title	Т	
Title Name	S ALLMAN, BARBARA	Title Name	T VICENTE, CARMEN	
			T VICENTE, CARMEN 131 KASEY DR	
Name	ALLMAN, BARBARA 6207 YUCATAN DRIVE	Name	,	

# FILED Feb 19, 2013 Secretary of State CC1525162606

Date

Date

02/19/2013