

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008214

Entity Name: AZALEA TRACE PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**212 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572**Current Mailing Address:**235 APOLLO BEACH BLVD
#417
APOLLO BEACH, FL 33572 US**FEI Number:** 52-2446423**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMMUNITIES FIRST ASSOCIATION MANAGEMENT, LLC
212 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572 US*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:** KATHY TRIMMER

04/18/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	BARTLETT, ART
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

Title	VP
Name	SLAYTON, LISA
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

Title	TREASURER, SECRETARY
Name	JANSON, BONNIE
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

Title	DIRECTOR
Name	PETRICK, JOSEPH
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

Title	LICENSED COMMUNITY ASSOCIATION MANAGER
Name	MOORE, CAITLIN
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

Title	DIRECTOR
Name	JANSON, DWIGHT
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

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.

SIGNATURE: CAITLIN MOORELICENSED COMMUNITY
ASSOCIATION MANAGER

04/18/2023

Electronic Signature of Signing Officer/Director Detail

Date