

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008214

Entity Name: AZALEA TRACE PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**409 E COLLEGE AVE
RUSKIN, FL 33570**Current Mailing Address:**PO BOX 1058
RUSKIN, FL 33575**FEI Number:** 52-2446423**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRIMMER, KATHY
409 E COLLEGE AVE
RUSKIN, FL 33575 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name LO RUSSO, VINCENT
Address 1936 STERLING GLEN COURT
City-State-Zip: SUN CITY CENTER FL 33573

Title VP
Name O'FARRELL, RHONDA
Address 1918 STERLING GLEN CT
City-State-Zip: SUN CITY CENTER FL 33573

Title TREASURER
Name GERAGHTY, JOSEPH
Address 1917 STERLING GLEN CT
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR
Name CHABAN, SHIRLEY
Address 1909 STERLING GLEN CT
City-State-Zip: SUN CITY CENTER FL 33573

Title SECRETARY
Name TRITABAUGH, CLAUDIA
Address 1930 STERLING GLEN COURT
City-State-Zip: SUN CITY CENTER FL 33573

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: VINCENT LORUSSO**PRESIDENT****02/02/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date