

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (ART)

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # 723920

1. Entity Name

AZALEA CONDOMINIUM APARTMENTS, INC. THE



Principal Place of Business

10 BARACUDA LANE
KEY LARGO FL 33037
US

Mailing Address

10 BARACUDA LANE
KEY LARGO FL 33037
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1507453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSS, EVELYN
10 BARACUDA LANE
KEY LARGO FL 33037

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE STD ☐ Delete
NAME DAVIS, ANDREA
STREET ADDRESS 10 BARACUDA LANE
CITY-STATE-ZIP KEY LARGO FL 33037

TITLE PD ☐ Delete
NAME FOREMAN, JAMES
STREET ADDRESS 10 BARACUDA LANE
CITY-STATE-ZIP KEY LARGO FL 33037

TITLE D ☐ Delete
NAME MOSS, EVELYN
STREET ADDRESS 10 BARACUDA LANE
CITY-STATE-ZIP KEY LARGO FL 33037

TITLE VD ☐ Delete
NAME KULPAKA, TED
STREET ADDRESS 10 BARACUDA LANE
CITY-STATE-ZIP KEY LARGO FL 33037

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 address, with all other like empowered.

SIGNATURE:

Evelyn Moss

3/26/08

305-367-3232