

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000002558

1. Entity Name
AZALEA NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**P. O. BOX 47975
ST. PETERSBURG, FL 33743-7975**

Mailing Address
**P. O. BOX 47975
ST. PETERSBURG, FL 33743-7975**



01142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4245405	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GRIESI, DOMINICK D
7502 18TH AVE N
SAINT PETERSBURG, FL 33710**

**DO NOT WRITE
IN THIS SPACE**

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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRIESI, DOMINICK D 7502 18TH AVE N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KEMP, JONATHAN 7401 13TH AVE N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROMIG, JOHN 1440 74TH STREET NORTH ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WALLACE, DAWN 7410 10TH AVE N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1000000611359
02/02/07-80058-020 70.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Dawn Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07

Date

(727)510-0133

Daytime Phone #