

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002558

FILED
Jan 17, 2009
Secretary of State

Entity Name: AZALEA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 47975
ST. PETERSBURG, FL 337437975

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 47975
ST. PETERSBURG, FL 337437975

New Mailing Address:

FEI Number: 13-4245405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRIESI, DOMINICK D
Address: 7502 18TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: V () Delete
Name: KEMP, JONATHAN
Address: 7401 13TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: S () Delete
Name: ROMIG, JOHN
Address: 1440 74TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: T () Delete
Name: WALLACE, DAWN
Address: 7410 10TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: GRIESI, MARGIE
Address: 7502 18TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAWN WALLACE

T

01/17/2009

Electronic Signature of Signing Officer or Director

Date