## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Mar 16, 2006 8:00 am Secretary of State 03-16-2006 90238 038 \*\*\*\*61.25

| DOCUMENT # N0400008214  1. Entity Name AZALEA TRACE PROPERTY OWNERS' ASSOCIATION, INC.   |                 |                                   |  |  |             | 03-16-20   | JU6 9U238 U38 ***                   | ****61.25                  |
|--|-----------------|-----------------------------------|--|--|-------------|--|-------------------------------------|----------------------------|
| <del>2020 CLUBHOUSE DR-</del> 202  |                 |                                   | Mailing Address<br>2020 CLUBHOUSE D<br>SUN CITY CENTER, FI |  |             | State of the state |                                     |                            |
| 2. Principal P   |                 | College Ave                       | 3. Mailing Address P.O. A                                  | ailing Address <i>P. o. Box 105.</i> Suite, Apt. #, etc. |             |  |                                     |                            |
| Suite, Apt   | #, etc.         |                                   |  |  |             | 01042006 Chg-NP  | CR2E037 (1                          | 1/05)                      |
| City & State Ruskin F1.  |                 |                                   | City & State Ruskin  | Ruskin, Fl.  |             | 4. FEI Number 52-2446423   |                                     | Applied For Not Applicable |
| <sup>Zip</sup><br>335  | 70              | Country                           | Zip<br>33575   | Country  |             | 5. Certificate of Status Des   |                                     | 75 Additional<br>Required  |
| 6. Name and Address of Current Registered Agent  Name  |                 |                                   |  |  |             | 7. Name and Address of New Registered Agent  |                                     |                            |
| HASTINGS, VIVIEN N  24301 WALDEN CENTER DR STE 300  BONITA SPRINGS, FL 34134  Street Address (P.O. Box Number is Not Acceptable)   |                 |                                   |  |  |             |  |                                     | 4ve                        |
|  |                 |                                   |  | City   |             | skin   | TL                                  | ip Code<br><b>33570</b>    |
| 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 9. Election Campaig  Due by May 1, 2006 Trust Fund Contril   |                 |                                   |  |  | g 🗆         | \$5.00 May Be<br>Added to Fees   | Make check pay<br>Florida Departmen |                            |
| 10.  |                 | OFFICERS AND DIR                  | ECTORS   | 11.  |             | ADDITIONS/CHANGES TO C   | FFICERS AND DIRECT                  | ORS IN 10                  |
| TITLE<br>NAME  | PD BEYER, F     |                                   | Delete   | TITLE<br>NAME  | 501         | - 00   |                                     | Change Addition            |
| STREET ADDRESS   | 2020 CLU        | IBHOUSE DR                        | ,  | STREET ADORE   | cc          | ~9 ~ 4 mei   | ng Glen Ci                          | F ,                        |
| CITY-\$1-ZIP   | VD.             | CENTER, FL 33573                  | Delete   | CITY-ST-ZIP  | nlu         | in circy Ca  |                                     | Change Se Addition         |
| NAME   | JACOBS,         |                                   | A Delete   | NAME   | 000         | ANE DANNE  | 45 CM C                             | A_                         |
| STREET ADDRESS<br>CITY-ST-ZIP  |                 | RLING GLEN CT<br>CENTER, FL 33573 | •  | STREET ADORE   | \$ 17       | ane DAMNE<br>DS Steam'r<br>en City Cen   | TELS FI.                            | 33573                      |
| TITLE  | STD             |                                   | Delete   | TITLE  | 0/5         | 5  |                                     | Change Addition            |
| NAME<br>STREET ADDRESS   | KEITH, S'       | YLVIA<br>IBHOUSE DR               |  | name<br>Street addre                                     | <b>ラル</b>   | DED UHVIS  | 6len Ct                             | . 1                        |
| CITY-ST-ZIP  |                 | CENTER, FL 33573                  |  | CITY-ST-ZIP  |             | OBERT AKE<br>135 Steelin   | THE FI.                             | 3 <i>35 73</i>             |
| TITLE  |                 | <u></u>                           | ☐ Delete   | TITLE  | 0/7         | - ARA AKA  |                                     | Change 🔀 Addition          |
| NAME<br>STREET ADDRESS   |                 |                                   |  | NAME<br>STREET ADDRE                                     | SS 19       | 35 Sterein   | g Glen Ct                           | •_                         |
| CITY-ST-ZIP  |                 |                                   |  | C!TY-ST-ZIP  | 54          | in City Cen  | Tel, Pl. 3                          | 3573                       |
| TITLE<br>NAME  |                 |                                   | ☐ Delete   | TITLE<br>NAME  | 0           | AMA Sidas  |                                     | Change Addition            |
| STREET ADDRESS   | :               |                                   |  | STREET ADORE   | ss 19       | RALD Sider<br>22 Sterling<br>in City Cent  | Glen Ct.                            |                            |
| CITY-ST-ZIP  |                 |                                   |  | CITY-ST-ZIP  | <u>5u</u>   | in Ciry Cent   | FA, 1-1.33                          | 573                        |
| TITLE<br>NAME  |                 |                                   | ☐ Delete   | TITLE<br>NAME  |             |  |                                     | Change                     |
| STREET ADDRESS   |                 |                                   |  | STREET ADDRE   | ss          |  |                                     |                            |
| CITY-SI-ZIP  | Certify that th | e information conclied with       | this filling does not qualify                              | for the exemption  | e containad | Lin Chanter 110 Florida State  | utes I further continues            | at the information         |
| 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 317, 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. |                 |                                   |  |  |             |  |                                     |                            |

SAM MONTANA

SIGNATURE: \_