
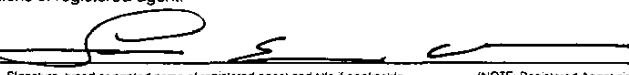
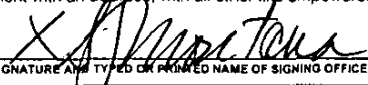


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90238 038 \*\*\*\*61.25

<b>DOCUMENT # N04000008214</b> 1. Entity Name <b>AZALEA TRACE PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>2020 CLUBHOUSE DR- SUN CITY CENTER, FL 33573</b>			Mailing Address <b>2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573</b>		
2. Principal Place of Business <b>409 E. College Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1051</b> Suite, Apt. #, etc.			
City & State <b>Ruskin FL.</b>		City & State <b>Ruskin, FL.</b>		4. FEI Number <b>52-2446423</b>	
Zip <b>33570</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HASTINGS, VIVIEN N 24301 WALDEN CENTER DR STE 300 BONITA SPRINGS, FL 34134</b>			7. Name and Address of New Registered Agent Name <b>HOW ELLEN WILSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>409 E. College Ave</b> City <b>Ruskin</b> <b>FL</b> Zip Code <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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEYER, R C JR 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/P SAM MONTANA 2009 STERLING GLEN CT. SUN CITY CENTER, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACOBS, EDWIN 2119 STERLING GLEN CT SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/P DUANE DANNELS 1905 STERLING GLEN CT. SUN CITY CENTER, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEITH, SYLVIA 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/S FRED DAVIS 1917 STERLING GLEN CT. SUN CITY CENTER, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/T ROBERT AKE 1935 STERLING GLEN CT. SUN CITY CENTER, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GERALD SIDELL 1922 STERLING GLEN CT. SUN CITY CENTER, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 117, 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.					
<b>SIGNATURE:</b> 			<b>3/16/06</b> (93) 645-1329		
<b>SAM MONTANA</b>					