

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90014 046 ****61.25

DOCUMENT # N04000008214	
1. Entity Name AZALEA TRACE PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 409 E COLLEGE AVE RUSKIN, FL 33570	Mailing Address PO BOX 1058 RUSKIN, FL 33575
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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

02182008 Chg-NP CR2E037 (12/06)

4. FEI Number 52-2446423	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TRIMMER, KATHY 409 E COLLEGE AVE RUSKIN, FL 33575		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTANA, SAM 2009 STERLING GLEN CT SUN CITY CENTER, FL 33573 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition J Farnsworth, Shirley 1938 Sterling Glen Court Sun City Center, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUMONT, PATRICIA 1948 STERLING GLEN CT SUN CITY CENTER, FL 33573 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition VP Dumont, Patricia
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, FRED 1917 STERLING GLEN CT SUN CITY CENTER, FL 33573 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VILINSKY, GERALD 1913 STERLING GLEN CT SUN CITY CENTER, FL 33573 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D Vilinsky, Gerald
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEANE, MARSHA 1914 STERLING GLEN CT SUN CITY CENTER, FL 33573 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition T Charney, Mary 1910 Sterling Glen Court Sun City Center, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #