FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED
MAY -1 AM 11:5
RETARY OF STATE
HASSEE, FLORID

DOCUMENT # **N43981** **(2)**

1. Corporation Name

THE AZALEA HOMES COMMUNITY ASSOCIATION, INC. OF ST. PETERSBURG, FLORIDA

Principal Place of Business	Mailing Address
% KATHRYN B. MOSER 1440 - FARRAGUT DR. N. ST. PETERSBURG FL 33710	% KATHRYN B. MOSER 1440 - FARRAGUT DR. N. ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1991
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-3115613 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$0.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

MOSER, KATHRYN B.
1440 - FARRAGUT DR. N.
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

(81) Name
(82) Street Address (P.O. Box Number is Not Acceptable)
(83)
(84) City **FL** (85) Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MOSER, KATHY B.	1.2 NAME	
STREET ADDRESS	1440 FARRAGUT DR. N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	NUNN, WILLIAM (BILL)	2.2 NAME	
STREET ADDRESS	1951 - 75TH ST. N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☒ Change ☐ Addition
NAME	RENFROE, DORIS B.	3.2 NAME	S Wayne Wells
STREET ADDRESS	1350 - 74TH ST. N.	3.3 STREET ADDRESS	7529 15 Th Ave No
CITY-ST-ZIP	ST. PETERSBURG, FL T	3.4 CITY-ST-ZIP	ST Petersburg FL 33710
TITLE	DT	4.1 TITLE	Treasure ☒ Change ☐ Addition
NAME	WING, CARL	4.2 NAME	John Romig
STREET ADDRESS	1301 FARRAGUT DR. N.	4.3 STREET ADDRESS	1440 74th St No
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	ST Petersburg FL 33710
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	FOGLE, RUTH	5.2 NAME	
STREET ADDRESS	1400 - 74TH ST. N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, ELSIE JONN	6.2 NAME	
STREET ADDRESS	7133 - 5TH AVE. N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: KATHRYN B MOSER Kathryn B Moser 4-10-95 813 347 6736
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #