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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

06/20/1991

4. FEI Number

59-3115613

Applied For

Not Applicable

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **1225 - 72ND ST. No.**

26 **1225 - 72ND ST. No.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **City & State**

27 **City & State**

23 **St. Petersburg, FL**

28 **St. Petersburg, FL**

24 **Zip**

25 **Country**

29 **Zip**

30 **Country**

33710

USA

33710

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

STEVE MONTGOMERY

82 Street Address (P.O. Box Number is Not Acceptable)

1225 - 72ND STREET NORTH

83

84 City

St. Petersburg

FL

85 Zip Code

33710

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Steve Montgomery

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Apr 7, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MOSER, KATHY B.	
STREET ADDRESS	1440 FARRAGUT DR. N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	NUNN, WILLIAM (BILL)	
STREET ADDRESS	1851 - 75TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WELLS, WAYNE	
STREET ADDRESS	7529 15TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL T	
TITLE	TRES	<input type="checkbox"/> DELETE
NAME	ROMIG, JOHN	
STREET ADDRESS	1440 74TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOGLE, RUTH	
STREET ADDRESS	1400 - 74TH ST. N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, ELSIE JOHN	
STREET ADDRESS	7133 - 5TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR/PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steve Montgomery	
1.3 STREET ADDRESS	1225 - 72ND ST. No.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
2.1 TITLE	DIRECTOR/VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAROL CALECA	
2.3 STREET ADDRESS	7335 - 10th Ave. No.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
3.1 TITLE	DIRECTOR/RECORDING SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LINDA DETOTA	
3.3 STREET ADDRESS	7695 - 14th Ave. No.	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIRECTOR/2nd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LARRY TRIOLLA	
5.3 STREET ADDRESS	7334 - 10th Ave. No.	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
6.1 TITLE	DIRECTOR/Corresponding Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TOM WILDER	
6.3 STREET ADDRESS	1350 - 74th St. No.	
6.4 CITY-ST-ZIP	St. Petersburg, FL 33710	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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: **John W. Romig, Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Apr 7, 98

813-895-8140

Daytime Phone #0001579

CR2E037 (10/97)