2007 NAT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # N44132 1. Entity Name 04-17-2007 90245 046 ****61.25 AZALEA APARTMENTS, INC. Principal Place of Business Mailing Address 1615 S HIGHLAND PARK DR LAKE WALES FL 33853 1607 S HIGHLAND PARK DR LAKE WALES FL 33898 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite. Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TINGLEY, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 1607 S HIGHLAND PARK DR LAKE WALES FL 33898 Zip Code City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THEE □ Defete ШЩ Change ☐ Addition NAME STUTZMAN, VERNON NAME STREET ADDRESS STREET ADDRESS 402 TOWN OAKS DR CITY-ST-ZIP CHY-ST-ZIP MIDDLEBURY IN 46540 ■ Addition DHE ☐ Delele TITLE Change NAME NAME GOLBY, DON STREET ADDRESS 159 W SIMONTON ST STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP **ELKHART IN 46514** Addition Delete Floyd, Ornce 1621 S. Hightond Park Dr. Lake Wales FL 33898 NAM FLOYD, RICHARD STREET ADDRESS STREET ADDRESS 724 MIDDLE BURNINGTON RD CITY-SI-ZIP CITY-ST-ZIP FRANKLIN NC 28734 TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TOTE Change ☐ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information