2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004416

FILED Mar 16, 2011 Secretary of State

Entity Name: AZALEA HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1610 RED RUFFLE CT
GOTHA, FL 34734` US
GOTHA, FL 34734` US

Current Mailing Address: New Mailing Address:

860 NORTH S.R. 434, STE 1009 860 NORTH S.R. 434 ALTAMONTE SPRINGS, FL 32714 US SUITE 1009

ALTAMONTE SPRINĠS, FL 32714 US SUITE 1009
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3368090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAMPBELL, MARILYN

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C/O CENTRAL PROPERTY MANAGEMENT, INC.

860 N S.R. 434 STE 1009

C/O CENTRAL PROPERTY MANAGEMENT, INC.

860 NORTH S.R. 434, SUITE 1009

ALTAMONTE SPRINGS, FL 32714 US ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: 03/16/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: JUDITH, KERNER
Address: 1610 RED RUFFLE COURT

City-St-Zip: GOTHA, FL 34734 US

Title: S/T

 Name:
 RADCLIFFE, LESLIE

 Address:
 1607 RED RUFFLE COURT

 City-St-Zip:
 GOTHA, FL 34734 US

Title: VP

 Name:
 TAYLOR, CHARLES

 Address:
 9419 AZALEA RIDGE WAY

 City-St-Zip:
 GOTHA, FL 34734 US

Title:

Name: WYNN, STACEY

Address: 1606 RED RUFFLE COURT City-St-Zip: GOTHA, FL 34734 US

Title:

 Name:
 SCOTT, ANGELA P

 Address:
 9113 LAKE LOTTA CIRCLE

 City-St-Zip:
 GOTHA, FL 34734 US

Title: MGR

Name: RUSSELL, MIRIAM A

Address: 860 NORTH S.R. 434, SUITE 1009 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIRIAM A. RUSSELL MGR 03/16/2011