

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005521

1. Entity Name

AZALEA OAKS PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

06-29-2000 90398 019 \*\*\*\*70.00

Principal Place of Business

3240 GALLOWAY ROAD  
LAKELAND FL 33810

Mailing Address

3240 GALLOWAY ROAD  
LAKELAND FL 33810

2. Principal Place of Business

1080 Forrest Drive

Suite, Apt. #, etc.

3. Mailing Address

1080 Forrest Drive

Suite, Apt. #, etc.

City & State

Bartow, FL 33830

City & State

Bartow, FL 33830

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-3433884

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JENKINS, ELLIS W  
3240 GALLOWAY ROAD  
LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name

Ms. Kathy Radford

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

1080 Forrest Dr. Bartow, FL 33830

City

FL

Zip Code

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.

SIGNATURE

Kathy Radford

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

(NOTE: Registered Agent signature required when reinstating)

6/10/00

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JENKINS, WAYNE E 3240 GALLOWAY RD LAKELAND FL 33810-0676	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BAGWELL, JEFF 1003 S. FLORIDA AVE LAKELAND FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REYNOLDS, JILL 1003 S. FLORIDA AVE LAKELAND FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Manning, Kareem 985 Forrest Drive Bartow, FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Johnson, Tommy 1090 Forrest Drive Bartow, FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Shavers, Linda 1030 Forrest Drive Bartow, FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Joiner, DeWanda 890 Forrest Drive Bartow, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Harvey, Katrina 1055 Forrest Drive Bartow, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Radford, Kathy 1080 Forrest Drive Bartow, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kareem Manning  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 10, 2000 (863) 519-3350

Date

Daytime Phone #

CR2E037 (9/99)