

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2001 8:00 am
Secretary of State

07-03-2001 90002 044 ****75.00

DOCUMENT # N98000005521

1. Entity Name

AZALEA OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

1080 FORREST DRIVE
 BARTOW FL 33830

Mailing Address

1080 FORREST DRIVE
 BARTOW FL 33830

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

RADFORD, KATHY
1080 FORREST DRIVE
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name

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

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 N. Radford

(NOTE: Registered Agent signature required when reinstating)

DATE

6/26/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kareem Manning	
STREET ADDRESS	995 Forrest Dr	
CITY-ST-ZIP	Bartow, Fl	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tommy Johnson	
STREET ADDRESS	1090 Forrest Dr	
CITY-ST-ZIP	Bartow, Fl 33830	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katrina Harvey	
STREET ADDRESS	1055 Forrest Dr	
CITY-ST-ZIP	Bartow, Fl 33830	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dewanda Joiper	
STREET ADDRESS	980 Forrest Dr	
CITY-ST-ZIP	Bartow, Fl 33830	
TITLE	RA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Radford	
STREET ADDRESS	1080 Forrest Dr	
CITY-ST-ZIP	Bartow, Fl 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Kathy N. Radford

6/26/01

CR2E037 (10/00)