

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90036 048 ****61.25

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

845 FOREST DRIVE

Suite, Apt. #, etc.

3. Mailing Address

845 FOREST DRIVE

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

BARTOW FLORIDA

City & State

BARTOW FLORIDA

4. FEI Number **59-3433884**

Applied For

Not Applicable

Zip

33830

Country

USA

Zip

33830

Country

USA

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 **CHERYL CREIDER**

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

845 FOREST DRIVE

City **BARTOW**

FL

Zip Code

33830

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 **CHERYL CREIDER**

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANNING, KAREEM 495 FORREST DRIVE BARTOW FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, TOMMY 495 FORREST DRIVE BARTOW FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARVEY, KATRINA 495 FORREST DRIVE BARTOW FL 33830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOINER, DEWANDA 495 FORREST DRIVE BARTOW FL 33830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA RADFORD, KATHY 1080 FORREST DRIVE BARTOW FL 33830	<input checked="" 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	PRESIDENT TOMMY JOHNSON 1090 FORREST DRIVE BARTOW 33830	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT REGGIE McNEIL 930 FORREST DRIVE BARTOW, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARTHA CHARLES 1070 FORREST DRIVE BARTOW FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CHERYL CREIDER 845 FOREST DRIVE BARTOW FL 33830	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REGISTERED AGENT CHERYL CREIDER 845 FOREST DRIVE BARTOW FL 33830	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: **CHERYL CREIDER** 7/15/03 428-5233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)