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Apr 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758410 (5)

1. Corporation Name

AUTUMN RUN-BEACON RUN HOMEOWNERS ASSOCIATION, INC
CORPORATED

Principal Place of Business

Mailing Address

6310 CEDARBROOK DR.
PINELLAS PARK FL 34666
US

P. O. BOX 451
PINELLAS PARK FL 33780-0451
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/19/1981

3a. Date of Last Report
04/08/1996

4. FEI Number
59-2123016

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

WEST, BRADFORD C
6139 CEDARBROOK DR., N.
PINELLAS PARK FL 34666

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTON, MAUREEN
STREET ADDRESS 10824 64TH COURT
CITY-ST-ZIP PINELLAS PARK FL ☐ DELETE

TITLE VD
NAME DAVID CABOT
STREET ADDRESS 6476 107TH TERRACE, N
CITY-ST-ZIP PINELLAS PARK FL ☒ DELETE

TITLE TD
NAME KOZZ, RICK
STREET ADDRESS 11033 BROADWOOD
CITY-ST-ZIP PINELLAS PARK FL ☒ DELETE

TITLE PD
NAME LANCASTER, PHILIP D
STREET ADDRESS 6245 - 102ND TERR.
CITY-ST-ZIP PINELLAS PARK FL ☒ DELETE

TITLE D
NAME LANCASTER, PHILIP D
STREET ADDRESS 6245 102ND TERRACE
CITY-ST-ZIP PINELLAS PARK FL ☒ DELETE

TITLE D
NAME REED, RICKY
STREET ADDRESS 11020 ELMHURST
CITY-ST-ZIP PINELLAS PARK FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD
2.2 NAME GAIL KISH
2.3 STREET ADDRESS 11053 OAKHAVEN DRIVE
2.4 CITY-ST-ZIP PINELLAS PARK FL 33782 ☐ Change ☒ Addition

3.1 TITLE TD
3.2 NAME DAVID MERENS
3.3 STREET ADDRESS 10803 64 COURT
3.4 CITY-ST-ZIP PINELLAS PARK FL 33782 ☐ Change ☒ Addition

4.1 TITLE SD
4.2 NAME CHARMAINE MARTINEZ
4.3 STREET ADDRESS 11230 MAXTON WAY
4.4 CITY-ST-ZIP PINELLAS PARK FL 33782 ☐ Change ☒ Addition

5.1 TITLE JACK
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D
6.2 NAME JOHN KERR
6.3 STREET ADDRESS 11049 62 STREET
6.4 CITY-ST-ZIP PINELLAS PARK FL 33782 ☐ Change ☒ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

5 April 1997

813-5463409

CR2E037 (9/96)