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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758410 (5)

1. Corporation Name

AUTUMN RUN-BEACON RUN HOMEOWNERS ASSOCIATION, IN CORPORATED

Principal Place of Business

Mailing Address

6310 CEDARBROOK DR.
PINELLAS PARK FL 34666
US

P. O. BOX 451
PINELLAS PARK FL 34664
US



3. Date Incorporated or Qualified

05/19/1981

4. FEI Number

59-2123016

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE President
1.2 NAME Charmaine Martinez ☒ Change ☒ Addition
1.3 STREET ADDRESS 11230 Maxton Way
1.4 CITY-ST-ZIP Pinellas Park, FL

TITLE VD
NAME KISH, GAIL
STREET ADDRESS 11053 OAKHAVEN DR
CITY-ST-ZIP PINELLAS PARK FL ☒ DELETE

2.1 TITLE Vice President
2.2 NAME Asoka Compton ☒ Change ☒ Addition
2.3 STREET ADDRESS 11275 62nd Street
2.4 CITY-ST-ZIP Pinellas Park, FL

TITLE TD
NAME MERENS, DAVID
STREET ADDRESS 10803 64 CCOURT
CITY-ST-ZIP PINELLAS PARK FL ☒ DELETE

3.1 TITLE Treasurer
3.2 NAME Dave Cabot ☒ Change ☒ Addition
3.3 STREET ADDRESS 6476 107th Terrace
3.4 CITY-ST-ZIP Pinellas Park, FL

TITLE SD
NAME MARTINEZ, CHARMAINE
STREET ADDRESS 11230 MAXTON WAY
CITY-ST-ZIP PINELLAS PARK FL ☒ DELETE

4.1 TITLE Secretary
4.2 NAME Kathy Hyatt ☒ Change ☒ Addition
4.3 STREET ADDRESS 11235 Elmhurst Drive
4.4 CITY-ST-ZIP Pinellas Park, FL

TITLE D
NAME KERR, JOHN
STREET ADDRESS 11049 62 ST
CITY-ST-ZIP PINELLAS PARK FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ A.

14. 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charmaine Martinez

2/20/98 (813) 397-6666

CR2E037 (1097)