

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 758410**

1. Entity Name

**AUTUMN RUN-BEACON RUN HOMEOWNERS ASSOCIATION, IN
CORPORATED****FILED**
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90228 011 ****61.25

0081259

Principal Place of Business Mailing Address

6310 CEDARBROOK DR.
PINELLAS PARK FL 34666
US

11230 MAXTON WAY
PINELLAS PARK FL 33782
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. PO Box 831
City & State Suite, Apt. #, etc.
City & State Pinellas Park Florida
Zip Country Zip Country

33780-0831 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2123016 Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEES \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTINEZ, CHARMAINE	
STREET ADDRESS	11230 MAXTON WY	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOHNSON, JOE	
STREET ADDRESS	10762 64TH ST.	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CABOT, DAVE	
STREET ADDRESS	6476 107TH TERR	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STEENBERG, SANDRA	
STREET ADDRESS	6531 109TH TERR.	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, TONYA	
STREET ADDRESS	6281 104TH AVENUE	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, CHARMAINE	
STREET ADDRESS	11230 MAXTON WAY	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Grega	
STREET ADDRESS	6407 Oakwood Ct.	
CITY-ST-ZIP	Pinellas Park Florida 33782	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joyce Burke	
STREET ADDRESS	6407 Oakwood Ct.	
CITY-ST-ZIP	Pinellas Park Florida 33782	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis Ferguson	
STREET ADDRESS	11258 Oakhaven Dr.	
CITY-ST-ZIP	Pinellas Park 33782	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Steenberg	
STREET ADDRESS	6531 109TH Terr.	
CITY-ST-ZIP	Pinellas Park Florida 33782	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim Ferguson	
STREET ADDRESS	11258 Oakhaven Dr.	
CITY-ST-ZIP	Pinellas Park Florida 33782	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #