

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758410

FILED
Apr 05, 2009
Secretary of State

Entity Name: AUTUMN RUN-BEACON RUN HOMEOWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

10280 OAKHAVEN DRIVE
PINELLAS PARK, FL 33782 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 831
PINELLAS PARK, FL 337800831 US

New Mailing Address:

FEI Number: 59-2123016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIANFRONE, JOSEPH R
1964 BAYSHORE BLVD
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOUGLAS, DAN
Address: 10280 OAKHAVEN DRIVE
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: VPD () Delete
Name: MCFARLAND, KATHY
Address: 10847 65TH ST
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: SD () Delete
Name: STANG, NIDA
Address: 6512 107TH TERR
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: TD () Delete
Name: HOWARD, BRANDY
Address: 6401 ELMHURST DRIVE
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: KIRBY, SANDRA
Address: 6262 103RD AVE
City-St-Zip: PINELLAS PARK, FL 33782 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA KIRBY

TD

04/05/2009

Electronic Signature of Signing Officer or Director

Date