

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011584

**Entity Name:** AUTUMN CHASE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2200 GLADYS STREET  
LARGO, FL 33770**Current Mailing Address:**2200 GLADYS STREET  
LARGO, FL 33774 US**FEI Number:** 03-0605909**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHULER, TIMOTHY C. ESQ.  
8200 SEMINOLE BLVD  
SEMINOLE, FL 33772 US*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:** TIMOTHY C. SCHULER

01/05/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name TAVE, GARY  
Address C/O PROFESSIONAL MARKETING &  
MANAGEMENT INC.  
PO BOX 2236  
City-State-Zip: LARGO FL 33779-2236

Title TREASURER  
Name STENZLER, EFI  
Address C/O PROFESSIONAL MARKETING &  
MANAGEMENT INC.  
PO BOX 2236  
City-State-Zip: LARGO FL 33779-2236

Title DIRECTOR  
Name KOBLENTZ, ALEX  
Address C/O PROFESSIONAL MARKETING &  
MANAGEMENT INC.  
PO BOX 2236  
City-State-Zip: LARGO FL 33779-2236

Title VP  
Name TAVE, CAROLINA  
Address C/O PROFESSIONAL MARKETING &  
MANAGEMENT INC.  
PO BOX 2236  
City-State-Zip: LARGO FL 33779-2236

Title DIRECTOR  
Name HAZENFRATZ, JOSHUA  
Address C/O PROFESSIONAL MARKETING &  
MANAGEMENT INC.  
PO BOX 2236  
City-State-Zip: LARGO FL 33779-2236

*I hereby 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 all other like empowered.*

**SIGNATURE:** GARY A TAVE

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01/05/2019

Electronic Signature of Signing Officer/Director Detail

Date