

2018 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

01/19/2018

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

PD

01/19/2018

Electronic Signature of Signing Officer/Director Detail

Date