FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **756394** **(3)**

1. Corporation Name

AUTUMN VILLAGE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1451 RIVER OAKS DR. POST OFFICE BOX 2241 TARPON SPRINGS FL 34688	1451 RIVER OAKS DR. POST OFFICE BOX 2241 TARPON SPRINGS FL 34688

3. Date Incorporated or Qualified: 02/16/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2506034 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 329 Pauls Drive	26 329 Pauls Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Brandon, FL	28 City & State: Brandon, FL
24 Zip: 33511 25 Country: Hillsborough	29 Zip: 33511 30 Country: Hillsborough

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RENAUD, RICHARD M. 1451 RIVER OAKS DR. TARPON SPRINGS FL 34689	81 Name: John E. Sullivan 82 Street Address (P.O. Box Number is Not Acceptable): 329 Pauls Drive 83 84 City: Brandon FL 85 Zip Code: 33511

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ John F. Sullivan 4/24/95
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	D	11 TITLE		☐ Change ☐ Addition
NAME	SMORSCH, DIMITRY	12 NAME		
STREET ADDRESS	3877-7TH AVE.,N.	13 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	14 CITY-ST-ZIP		
TITLE	~~SD~~ Director	21 TITLE	Treas/Director	☒ Change ☐ Addition
NAME	RENAUD,RICHARD M.	22 NAME	John E. Sullivan	
STREET ADDRESS	1451 RIVER OAKS DR.	23 STREET ADDRESS	329 Pauls Drive	
CITY-ST-ZIP	TARPON SPRINGS FL	24 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	~~VD~~	31 TITLE	Director	☒ Change ☐ Addition
NAME	PATIEN, SAM	32 NAME		
STREET ADDRESS	3861-7 AVE N. #M	33 STREET ADDRESS		
CITY-ST-ZIP	ST.PETERSBURG FL	34 CITY-ST-ZIP		
TITLE	~~DP~~	41 TITLE	Director	☒ Change ☐ Addition
NAME	RHODES, MARK	42 NAME		
STREET ADDRESS	100 COLBURN PT.	43 STREET ADDRESS		
CITY-ST-ZIP	CHAPEL HILL NC	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SIMMONS,RONALD J.	52 NAME		
STREET ADDRESS	145-24 AVE S.E.	53 STREET ADDRESS		
CITY-ST-ZIP	ST.PETERSBURG FL	54 CITY-ST-ZIP		
TITLE	DP	61 TITLE		☐ Change ☒ Addition
NAME	Rhodes, Lori	62 NAME		
STREET ADDRESS	100 Colburn Pt.	63 STREET ADDRESS		
CITY-ST-ZIP	Chapel Hill, NC	64 CITY-ST-ZIP		

OK - JUST CHANGE TITLE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/21/95 (813) 691-3480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John E. Sullivan, Treasurer

0048501