

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 756394 (3)

1. Corporation Name
AUTUMN VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 329 PAULS DR BRANDON FL 33511 US	Mailing Address 329 PAULS DR BRANDON FL 33511-4833 US
--	---

3. Date Incorporated or Qualified 02/16/1981	3a. Date of Last Report 03/26/1996
--	--

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

4. FEI Number 59-2506034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SULLIVAN, JOHN E.
329 PAULS DRIVE
BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	SMORSCH, DIMITRY
STREET ADDRESS	3877-7TH AVE.,N.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	SULLIVAN, JOHN E.
STREET ADDRESS	329 PAULS DRIVE
CITY-ST-ZIP	BRANDON FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	PATIEN, SAM
STREET ADDRESS	3861-7 AVE N. #M
CITY-ST-ZIP	ST.PETERSBURG FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	RHODES, MARK
STREET ADDRESS	100 COLBURN PT.
CITY-ST-ZIP	CHAPEL HILL NC
TITLE	D <input type="checkbox"/> DELETE
NAME	SIMMONS, RONALD J.
STREET ADDRESS	145-24 AVE S.E.
CITY-ST-ZIP	ST.PETERSBURG FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	RHODES, LORI
STREET ADDRESS	100 COLBURN PT.
CITY-ST-ZIP	CHAPEL HILL NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: _____ **1/27/97 (813) 681-3480**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045488

CR2E037 (9/96)