FILE NOW: FILING FEE IS \$61.25

Mailing Address

1510

6581 - 43RD STREET N.

PINELLAS PARK FL 33781

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 756394

Principal Place of Business

6581 - 43RD STREET N.

PINELLAS PARK FL 33781

AUTUMN VILLAGE CONDOMINIUM ASSOCIATION, INC.

US		US			
2. Principal P	lace of Business	2a. Mailing Address	The s	3. Date Incorporated or Qualifed	·
21		26 1/270	2 ²² S>1	02/16/1981	
Suite, Apt.	#. etc.	Suite; Apt. #, etc.	<u> </u>	4. FEI Number	Applied For
22		27 STE 216	9	59-2506034	Not Applicable
City & State	e	City & State	- 15	5. Certificate of Status Desired	\$8.75 Additional
23		28 ST. PETER	S BU RG [1	5. Certificate of Status Desired	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 337/4 30	0 U.S_	Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
			81 Namé	KICHATE WASILL	k CPM
RENAUD,	RICK		82 Street Ad	Irress (P.O. Box Number is Not Acceptable)	
6581 - 43RD STREET N.				70-45TNO SLITE	216
#1510	O OTTLET 14.		83 R N	YUIEW PLAZA	
	PARK FL 33781		84 City		, 85 Zip Cirde
		_	57	- Pere F	L 33716 _
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-named co	proporation 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 cirectors. I hereby accept the appointment as registered agent. an familiar with and accept the appointment as registered agent.					
SIGNATURE //what // Masul					
SIGNATORE	Signature, typed or printed name of registered agent		egistered Agent signature requ		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS (
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMORSCH, DIMITRY		12 NAME		}
STREET ADORESS	3877-7TH AVE.,N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG EL		1.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RENAUD, RICK		2.2 NAME		
STREET ADDRESS	6581 - 43RD STREET N., #1510		2.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 33781		2. 4 CITY-ST-ZIP		
TTTLE	DS	☐ DELETE	3.1_TITLE		☐ Change ☐ Addition
NAME	RHODES, MARK		3.2 NAME		
STREET ADORESS	100 COLBURN PT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHAPEL HILL NC		3 4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition
NAME	SIMMONS,RONALD J.		4. 2 NAME		
STREET ADDRESS	145-24 AVE S.E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST.PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	5.1 TITLE		Change Addition
NAME	RHODES, LORI		5.2 NAME		
STREET ADDRESS	100 COLBURN PT.		5.3 STREET ADDRESS		İ
CITY-ST-ZIP	CHAPEL HILL NC		5.4 CITY-ST-ZIP		
TITLE		☐ OELETE	6.1 TITLE		☐ Change ☐ Addition
MARKE	!		6.2 NAME		

SIGNATURE:

STREET ADDRESS

PARICKHOOLES FLORIURHODES

6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 pertify 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, with all other like empowered.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90197 026 ****61.25

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