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 APR 17 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **758410** **(5)**

1. Corporation Name

AUTUMN RUN-BEACON RUN HOMEOWNERS ASSOCIATION, IN CORPORATED

Principal Place of Business	Mailing Address
6310 CEDARBROOK DR. PINELLAS PARK FL 34666 US	P. O. BOX 451 PINELLAS PARK FL 34664 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/19/1981**
3a. Date of Last Report: **07/07/1994**
4. FEI Number: **59-2123016** ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WEST, BRADFORD C
6139 CEDARBROOK DR., N.
PINELLAS PARK FL 34666

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	AMICO, KEVIN	12 NAME		
STREET ADDRESS	6370 CEDARBROOK DR	13 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34666	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE	TD	☑ Change ☐ Addition
NAME	LANG, JAMES	22 NAME	CABOT, DAVID	
STREET ADDRESS	10248 OAKHAVEN DR.	23 STREET ADDRESS	6476 107th TER. N	
CITY-ST-ZIP	PINELLAS PARK FL	24 CITY-ST-ZIP	PINELLAS PARK, FL 34666	
TITLE	D	31 TITLE	SD	☑ Change ☐ Addition
NAME	MONTANA, DIANE	32 NAME	MARTON, BRIAN	
STREET ADDRESS	6360 CEDARBROOK DR	33 STREET ADDRESS	10824 64TH COURT	
CITY-ST-ZIP	PINELLAS PARK FL	34 CITY-ST-ZIP	PINELLAS PARK, FL 34666	
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	LANCASTER, PHILIP D	42 NAME		
STREET ADDRESS	6245 - 102ND TERR.	43 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	REED, RICKY	52 NAME		
STREET ADDRESS	111020 ELMHURST DR.	53 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL	54 CITY-ST-ZIP		
TITLE	SD	61 TITLE	D	☑ Change ☐ Addition
NAME	KOZZ, JOYCE	62 NAME	KOZZ, JOYCE	
STREET ADDRESS	11033 BROADWOOD DR.	63 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL	64 CITY-ST-ZIP		

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: Philip D. Lancaster Philip D. Lancaster 4/17/95 (813)866-5512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR7141