

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified  
**05/19/1981**

3a. Date of Last Report  
**04/17/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-2123016**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

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

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 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

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** ☒ DELETE  
NAME ~~**AMIGO, KEVIN**~~  
STREET ADDRESS **6370 CEDARBROOK DR**  
CITY-ST-ZIP **PINELLAS PARK FL 34666**

1.1 TITLE **P/D** ☐ Change ☒ Addition  
1.2 NAME **Marton, Maureen**  
1.3 STREET ADDRESS **10824 64th Court**  
1.4 CITY-ST-ZIP **Pinellas Park FL 34666**

TITLE **TD** ☐ DELETE  
NAME **CABOT, DAVID**  
STREET ADDRESS **6476 107TH TER. N**  
CITY-ST-ZIP **PINELLAS PARK FL**

2.1 TITLE **W/D** ☒ Change ☐ Addition  
2.2 NAME **Cabot, David**  
2.3 STREET ADDRESS **6476 107th Terrace N**  
2.4 CITY-ST-ZIP **Pinellas Park FL 34666**

TITLE **SD** ☒ DELETE  
NAME **MARTON, BRIAN**  
STREET ADDRESS **10824 64TH COURT**  
CITY-ST-ZIP **PINELLAS PARK FL**

3.1 TITLE **T/D** ☐ Change ☒ Addition  
3.2 NAME **Kozz, Rick**  
3.3 STREET ADDRESS **11033 Broadwood**  
3.4 CITY-ST-ZIP **Pinellas Park FL 34666**

TITLE **PD** ☐ DELETE  
NAME **LANCASTER, PHILIP D**  
STREET ADDRESS **6245 - 102ND TERR.**  
CITY-ST-ZIP **PINELLAS PARK FL**

4.1 TITLE **S/D** ☐ Change ☒ Addition  
4.2 NAME **Bailey, Richard**  
4.3 STREET ADDRESS **11106 Maxton Way**  
4.4 CITY-ST-ZIP **Pinellas Park FL 34666**

TITLE **VD** ☐ DELETE  
NAME **REED, RICKY**  
STREET ADDRESS **111020 ELMHURST DR.**  
CITY-ST-ZIP **PINELLAS PARK FL**

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **Lancaster, Philip D**  
5.3 STREET ADDRESS **6245 102nd Terrace**  
5.4 CITY-ST-ZIP **Pinellas Park FL 34666**

TITLE **D** ☒ DELETE  
NAME **KOZZ, JOYCE**  
STREET ADDRESS **11033 BROADWOOD DR.**  
CITY-ST-ZIP **PINELLAS PARK FL**

6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **Reed, Ricky**  
6.3 STREET ADDRESS **11020 Elmhurst**  
6.4 CITY-ST-ZIP **Pinellas Park FL 34666**

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)(k), 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: Maureen M. Marton **Maureen M. Marton** 4/2/96 (813) 546-3605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)