

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90628 048 ****61.25

C0069103

DO NOT WRITE IN THIS SPACE

DOCUMENT # 758410			
1. Entity Name AUTUMN RUN-BEACON RUN HOMEOWNERS ASSOCIATION, IN			
Principal Place of Business 6310 CEDARBROOK DR. PINELLAS PARK FL 34666 US		Mailing Address P. O. BOX 451 PINELLAS PARK FL 33780-0451 US	
2. Principal Place of Business		3. Mailing Address 11230 Maxton Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Pinellas Park, FL	
Zip	Country	Zip	Country
		33782	USA
4. FEI Number 59-2123016		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEST, BRADFORD C 6139 CEDARBROOK DR., N. PINELLAS PARK FL 34666		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, CHARMAINE 11230 MAXTON WY PINELLAS PARK FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHNSON, JOE 10762 64TH ST. PINELLAS PARK FL 33782 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CABOT, DAVE 6476 107TH TERR PINELLAS PARK FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STEENBERG, SANDRA 6531 109TH TERR. PINELLAS PARK FL 33782 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERR, JOHN 11049 62 ST PINELLAS PARK FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, CHARMAINE 11230 MAXTON WAY PINELLAS PARK FL 33782 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charmaine Martinez* **4/30/01 (727) 397-6666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR