

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90019 010 ****61.25

DOCUMENT # 758410

1. Entity Name
**AUTUMN RUN-BEACON RUN HOMEOWNERS
ASSOCIATION, INCORPORATED**



Principal Place of Business
6310 CEDARBROOK DR.
PINELLAS PARK, FL 34666 US

Mailing Address
P.O. BOX 831
PINELLAS PARK, FL 33780-0831 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102005 Chg-NP

CR2E037 (10/03)

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

RUFFI, RICHARD T
10781 64TH STREET
PINELLAS PARK, FL 33782

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME GREGA, MIKE
STREET ADDRESS 6407 OAKWOOD CT
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE PD ☒ Delete
NAME BURKE, JOYCE
STREET ADDRESS 6407 OAKWOOD CT
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE DS ☒ Delete
NAME BRENNER, BARBARA
STREET ADDRESS 6465 - 10- TERRACE NO.
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE T ☐ Delete
NAME RUFFI, RICHARD
STREET ADDRESS 10781 64TH ST.
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT, SECRETARY, TREASURER** ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/05 727-515-7240