

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011584

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** AUTUMN CHASE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2200 GLADYS STREET  
LARGO, FL 33774

**New Principal Place of Business:**

**Current Mailing Address:**

5901 US HWY 19  
STE 7 Q  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 03-0605909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

QUALIFIED PROPERTY MANAGEMENT  
5901 US HWY 19  
SUITE 7 Q  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SANTANA, JONNY  
Address: 5901 US HWY 19 STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DVT ( ) Delete  
Name: BENITEZ, ROLANDO  
Address: 5901 US HWY 19 STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DS (X) Delete  
Name: RODRIGUEZ, ALBERT  
Address: 5901 US HWY 19 STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: DENISIO, LYNN  
Address: 5901 US 19 SUITE 7 Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY WHITE

AGEN

03/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date