FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY 13 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N39742** **(4)**

1. Corporation Name

AUTUMN RUN HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 720933 ORLANDO FL 32872	P.O. BOX 720933 ORLANDO FL 32872

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1990
3a. Date of Last Report: 06/24/1994
4. FEI Number: 59-3059936 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WALLER, MARGARET T.
1637 EAST VINE STREET
KISSIMMEE FL 34744

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 607.150, 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 (Required: Typed or printed name of registered agent and title if applicable) (Required: Registered Agent's signature for registered office change only) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN U
11 TITLE	PD	☐ Change ☐ Addition
12 NAME	RESMER, PHILIP	
13 STREET ADDRESS	2826 AUTUMN RUN PL	SAME
14 CITY ST ZIP	ORLANDO FL	
21 TITLE	VD	☒ Change ☐ Addition
22 NAME	FITAK, JOSEPH	VD JOSEPH CROFT
23 STREET ADDRESS	2905 AUTUMN RUN PL	3019 AUTUMN RUN CT
24 CITY ST ZIP	ORLANDO FL	ORL-FL-32822
31 TITLE	STD	☒ Change ☐ Addition
32 NAME	PARRISH, KATIE	STD JIM A. EVANS
33 STREET ADDRESS	2905 AUTUMN RUN CT	2809 AUTUMN RUN PL
34 CITY ST ZIP	ORLANDO FL	ORL-FL-32822
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jim A Evans JIM A EVANS 6/6/95 407 282 3024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035002