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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39742** (4)
1. Corporation Name
AUTUMN RUN HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044	Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044
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3. Date Incorporated or Qualified 08/27/1990	4. FEI Number 59-3059936	Applied For ☐ Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W SR 434 STE 5000
LONGWOOD FL 32779**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	
TITLE	PD
NAME	CANO, JUDITH
STREET ADDRESS	2821 AUTUMN RUN PL
CITY-ST-ZIP	ORLANDO FL
TITLE	VD
NAME	TISON, ALAN
STREET ADDRESS	2916 AUTUMN RUN PL
CITY-ST-ZIP	ORLANDO FL
TITLE	SD
NAME	SANCHEZ, ELIZABETH
STREET ADDRESS	3013 AUTUMN RUN PL
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	PLAUGHER, JULIE
STREET ADDRESS	2928 AUTUMN RUN PL
CITY-ST-ZIP	ORLANDO FL
TITLE	TD
NAME	EVANS, JIM
STREET ADDRESS	2809 AUTUMN RUN
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	SD MORRIS, SUSAN
3.3 STREET ADDRESS	2718 AUTUMN RUN PL
3.4 CITY-ST-ZIP	ORLANDO FL 32822
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	TD GARDNER, ROBERT
4.3 STREET ADDRESS	2905 AUTUMN RUN PL
4.4 CITY-ST-ZIP	ORLANDO FL 32822
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	D QUINONES, ISRAEL
5.3 STREET ADDRESS	3050 AUTUMN RUN CT
5.4 CITY-ST-ZIP	ORLANDO FL 32822
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

Judith Cano
JUDITH CANO

3/12/98

CR2E037 (10/97)