2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State
03-23-2000 90043 008 ****61.25

DOCUMENT # N39742

1. Entity Name

AUTUMN RUN HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044	2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7523 Aloma Avenue	PO Box 677307
Suite, Apt. #, etc.: Suite 210	Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State: Orlando, FL
Zip: 32792 Country: USA	Zip: 32867 Country: USA

4. FEI Number: 59-3059936 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Joseph Frasca
Street Address (P.O. Box Number is Not Acceptable): 7523 Aloma Avenue
Suite 210
City: Winter Park **FL** Zip Code: 32792

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: Joseph Frasca — Joseph Frasca 3/3/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 CANO, JUDITH 2821 SUTUMN RUN PL ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Greg Wilson 2928 Autumn Run Place ~~Orlando, FL 32822~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUCHMAN, KENNETH 3043 AUTUMN RUN CT ORLANDO FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MORRIS, SUSAN 2718 AUTUMN RUN PL ORLANDO FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIVITA, CRAIG 2815 AUTUMN RUN PL ORLANDO FL 32822	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMOS, CARMEN 2706 AUTUMN RUN CT ORLANDO FL 32822	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Judith Cano REQUIRED — Judith Cano — 3/3/00 — (407)681-0394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #