2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 09, 2004 8:00 am DOCUMENT # N39742 **Secretary of State** 1. Entity Name 03-09-2004 90047 048 ****61.25 AUTUMN RUN HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 677307 4962 N. PALM AVE 94026603 WINTER PARK FL 32792 ORLANDO FL 32867 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State 4. FEI Number City & State 59-3059936 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRASCA, JOSEPH C/O PREFERRED CORBRUNITY MANAGEMENT 4962 N. PALM AVE WINTER PARK FL 32792 Zip Code City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Change TITLE TITLE PD CANO, JUDITH NAME Kane, Andrea NAME 2821 AUTUMN RUN PL STREET ADDRESS STREET ADDRESS 2923 Autumn Run Court ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32822 ۷D TITLE Change TITLE VD BUCHMAN, KENNETH NAME NAME Phipps, Roger 3043 AUTUMN RUN CT STREET ADDRESS STREET ADDRESS 2731 Autumn Run Place ORLANDO FL 32822 CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32822 STD Delete TITLE ☐ Change Addition TITLE LARKINS, DESHAWN NAME Kane, William 2701 AUTUMN RUN PLACE STREET ADDRESS STREET ADDRESS 2923 Autumn Run Court ORLANDO FL 32822 CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32822 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE ПΠЕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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

Andrea Kane

FILED