

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90178 002 ****61.25

DOCUMENT # N39742

1. Entity Name

AUTUMN RUN HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

4962 N. PALM AVE
WINTER PARK FL 32792

Mailing Address

PO BOX 677307
ORLANDO FL 32867

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

FRASCA, JOSEPH
C/O PREFERRED COMMUNITY MANAGEMENT
4962 N. PALM AVE
WINTER PARK, FL 32792

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	KANE, ANDREA	
STREET ADDRESS	2923 AUTUMN RUN CT	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VD	☐ Delete
NAME	PHIPPS, ROGER	
STREET ADDRESS	2731 AUTUMN RUN PLACE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	STD	☒ Delete
NAME	KANE, WILLIAM	
STREET ADDRESS	2923 AUTUMN RUN CT	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	☐ Change ☒ Addition
NAME	SUZANNE COSTNER	
STREET ADDRESS	2928 AUTUMN RUN PLACE	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	D	☐ Change ☒ Addition
NAME	GEORGE MALDONADO	
STREET ADDRESS	2952 AUTUMN RUN PLACE	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Andrea Kane*

Andrea Kane

3/3/05

407-481-9449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #