2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 21, 2007 8:00 am Secretary of State DOCUMENT # N39742 1. Entity Name 05-21-2007 90059 037 ****61.25 AUTUMN RUN HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 4962 N. PALM AVE PO BOX 677307 WINTER PARK FL 32792 ORLANDO FL 32867 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & Slate 4. FEI Number 59-3059936 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRASCA, JOSEPH Street Address (P.O. Box Number is Not Acceptable) C/O PRÉFERRED COMMUNITY MANAGEMENT 4962 N. PALM AVE WINTER PARK FL 32792 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HILE VD ☐ Defete HIII ☐ Addition NAME EMBACH, ELLEN NAME STREET ADDRESS STREET ADDRESS 3025 AUTUMN RUN CT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 THEF ☐ Delete TD BHE ☐ Change Addition NAME FRANCO, DOUG NAME STREET ADDRESS STREET ADDRESS 3038 AUTUMN RUN CT CITY-SI-ZIP CITY-ST-ZIP ORLANDO FL 32822 PΩ Delete THE ☐ Change ■ Addition NAME COSTNER, SUZANNE STREET ADDRESS STREET ADDRESS 2928 AUTUMN RUN PLACE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 TITLE ☐ Delete MIE ☐ Change Addition NAME NAME CORDELL, GLORIA STREET ADDRESS STREET ADDRESS 3032 AUTUMN RUN CT CITY-ST-ZIP CHY-ST-ZIP ORLANDO FL 32822 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME QUINONES, ISRAEL NAME STREET ADDRESS 3050 AUTUMN RUN CT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP TITLE ☐ Delele IIILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07

407-207-606/

FILED