

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90274 030 \*\*\*\*61.25

**DOCUMENT # N98000000652**

1. Entity Name  
**AUTUMN LAKE RECREATION ASSOCIATION, INC.**



Principal Place of Business  
**% INTEGRATED PROPERTY MGMT**  
**3435-10TH ST NORTH # 201**  
**NAPLES, FL 34103**

Mailing Address  
**% INTEGRATED PROPERTY MGMT**  
**3435-10TH ST NORTH # 201**  
**NAPLES, FL 34103**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip



04052006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3566785** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HENNELLS, SCOTT**  
**WEIBEL & HENNELLS**  
**9240 BONITA BEACH ROAD # 3305**  
**BONITA SPRINGS, FL 34135**

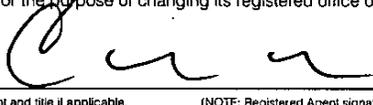
7. Name and Address of New Registered Agent

Name  
**Shields, Christopher J**

Street Address (P.O. Box Number is Not Acceptable)  
**1833 Hendry Street**

City  
**P.O. Drawer 1507**  
**Ft. Myers** **FL** Zip Code  
**33902**

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  DATE **4/15/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

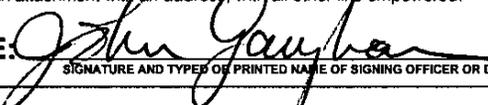
10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BRUCE, CHARLES<br>23541 SANDYCREEK TERRACE, #801<br>BONITA SPRINGS, FL 34135 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>WHEELER, CARL<br>23521 SANDYCREEK TERRACE, #1001<br>BONITA SPRINGS, FL 34135 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>SULLIVAN, JAMES<br>23536 SANDYCREEK TERR #402<br>BONITA SPRINGS, FL 34135   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GAUGHAN, JOHN<br>23521 SANDYCREEK TERRACE, #1003<br>BONITA SPRINGS, FL 34135  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCGUIRE, JAMES<br>23516 SANDYCREEK TERRACE, #204<br>BONITA SPRINGS, FL 34135  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEINS, BOB<br>23521 SANDYCREEK TERRACE, #1006<br>BONITA SPRINGS, FL 34135     | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>Wheeler, CARL<br>23521 SANDY CREEK TERR. #1001<br>BONITA SPRINGS, FL 34135   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>Giaconia, Ronald<br>23536 SANDY CREEK TERR. #401<br>BONITA SPRINGS, FL 34135 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:  DATE **4/27/6**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #