


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90029 007 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3566785	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY ST PO DRAWER 1507 FORT MYERS, FL 33902			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME BRUCE, CHARLES <input checked="" type="checkbox"/> Delete		TITLE DP	NAME Gaughan, John <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 23541 SANDYCREEK TERRACE, #801	CITY - ST - ZIP BONITA SPRINGS, FL 34135		STREET ADDRESS 23521 Sandycreek Terrace, #1003	CITY - ST - ZIP Bonita Springs, FL 34135	
TITLE VD	NAME WHEELER, CARL <input checked="" type="checkbox"/> Delete		TITLE DVP	NAME Kolavo, Frank <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 23521 SANDY CRK TERR 1001	CITY - ST - ZIP BONITA SPRINGS, FL 34135		STREET ADDRESS 23551 Sandycreek Terrace, #707	CITY - ST - ZIP Bonita Springs, FL 34135	
TITLE STD	NAME GACONIA, RONALD <input type="checkbox"/> Delete		TITLE D	NAME Tecza, Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 23536 SANDY CRK TERR 401	CITY - ST - ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS 23551 Sandycreek Terrace, #702	CITY - ST - ZIP Bonita Springs, FL 34135	
TITLE D	NAME GAUGHAM, JOHN <input checked="" type="checkbox"/> Delete		TITLE D	NAME White, Weyman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 23521 SANDYCREEK TERRACE, #1003	CITY - ST - ZIP BONITA SPRINGS, FL 34135		STREET ADDRESS 23506 Sandycreek Terrace, #110	CITY - ST - ZIP Bonita Springs, FL 34135	
TITLE D	NAME MCGUIRE, JAMES <input checked="" type="checkbox"/> Delete		TITLE D	NAME 	
STREET ADDRESS 23516 SANDYCREEK TERRACE, #204	CITY - ST - ZIP BONITA SPRINGS, FL 34135		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY - ST - ZIP 		STREET ADDRESS 	CITY - ST - ZIP 	
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: <i>John J. Gaughan</i>			4.7.07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			239-498-498		
			<small>Daytime Phone #</small>		