
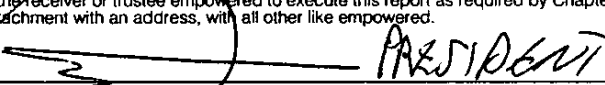


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90008 034 \*\*\*\*61.25

<b>DOCUMENT # N98000000652</b> 1. Entity Name <b>AUTUMN LAKE RECREATION ASSOCIATION, INC.</b>					
Principal Place of Business <b>% INTEGRATED PROPERTY MGMT 3435-10TH ST NORTH # 201 NAPLES, FL 34103</b>			Mailing Address <b>% INTEGRATED PROPERTY MGMT 3435-10TH ST NORTH # 201 NAPLES, FL 34103</b>		
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 <b>59-3566785</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHIELDS, CHRISTOPHER J 1833 HENDRY ST PO DRAWER 1507 FORT MYERS, FL 33902</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAUGHAN, JOHN		NAME		
STREET ADDRESS	23521 SANDYCREEK TERRACE, #1003		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		
TITLE	DVP <input type="checkbox"/> Delete		TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOLAVO, FRANK		NAME	Kolavo, Frank	
STREET ADDRESS	23551 SANDYCREEK TERRACE, #707		STREET ADDRESS	23551 Sandycreek Terrace, #707	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	STD <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GACONIA, RONALD		NAME	Wheeler, Carl	
STREET ADDRESS	23536 SANDY CRK TERR 401		STREET ADDRESS	23531 Sandycreek Terrace #1001	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TECZA, THOMAS		NAME		
STREET ADDRESS	23551 SANDYCREEK TERRACE, #702		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, WEYMAN		NAME		
STREET ADDRESS	23506 SANDYCREEK TERRACE, #110		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> 			<b>3/5/08</b> <b>708-533-0486</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		