

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 29, 2009
Secretary of State**

DOCUMENT# N98000000652

Entity Name: AUTUMN LAKE RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3566785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY ST PO DRAWER 1507
FORT MYERS, FL 33902 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KOLAVO, FRANK
Address: 23551 SANDYCREEK TERRACE #707
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: WHEELER, CARL
Address: 23531 SANDYCREEK TERRACE #1001
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: TECZA, THOMAS
Address: 23551 SANDYCREEK TERRACE, #702
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: WHITE, WEYMAN
Address: 23506 SANDYCREEK TERRACE, #110
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GRECO, LOU
Address: 23531 SANDY CREEK TERRACE #910
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST () Change (X) Addition
Name: CRUDO, JOSEPH
Address: 23546 SANDY CREEK TERRACE #506
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK COLAVO

DP

01/29/2009

Electronic Signature of Signing Officer or Director

Date