

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000652

**FILED**  
**Feb 13, 2015**  
**Secretary of State**  
**CC8786965208**

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

**Current Principal Place of Business:**

C/O SANDCASTLE COMMUNITY MANAGEMENT  
5495 BRYSON DRIVE SUITE 412  
NAPLES, FL 34109

**Current Mailing Address:**

C/O SANDCASTLE COMMUNITY MANAGEMENT  
5495 BRYSON DRIVE SUITE 412  
NAPLES, FL 34109 US

**FEI Number: 59-3566785**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHIELDS, CHRISTOPHER J  
1833 HENDRY ST  
FORT MYERS, FL 33901 US

*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

**Officer/Director Detail :**

Title SECRETARY / TREASURER /  
DIRECTOR AT LARGE  
Name ROY, RONALD  
Address 5495 BRYSON DRIVE SUITE 412  
City-State-Zip: NAPLES FL 34109

Title PRESIDENT  
Name MAASSEN, RONALD  
Address 5495 BRYSON DRIVE SUITE 412  
City-State-Zip: NAPLES FL 34109

Title DIRECTOR  
Name GRECO, DONNA  
Address 5495 BRYSON DRIVE SUITE 412  
City-State-Zip: NAPLES FL 34109

Title VP  
Name ZIEZIULA, RON  
Address 5495 BRYSON DRIVE SUITE 412  
City-State-Zip: NAPLES FL 34109

Title DIRECTOR AT LARGE  
Name TOUSIGNANT, ROGER  
Address 5495 BRYSON DRIVE SUITE 412  
City-State-Zip: NAPLES FL 34109

*I hereby 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 all other like empowered.*

**SIGNATURE: RON ZIEZIULA**

**VICE PRESIDENT**

**02/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date