## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000652

Entity Name: AUTUMN LAKE RECREATION ASSOCIATION, INC.

FILED
Mar 31, 2014
Secretary of State
CC5432935219

## **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

Officer/Director Detail:

Title SECRETARY / TREASURER Title PRESIDENT

Name ROY, RONALD Name MCDERMOTT, JOHN

Address 5495 BRYSON DRIVE SUITE 412 Address 5495 BRYSON DRIVE SUITE 412

City-State-Zip: NAPLES FL 34109 City-State-Zip: NAPLES FL 34109

Title DIRECTOR Title VP

Name GRECO, DONNA Name ZIEZIULA, RON

Address 5495 BRYSON DRIVE SUITE 412 Address 5495 BRYSON DRIVE SUITE 412

City-State-Zip: NAPLES FL 34109 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: JOHN MCDERMOTT

**PRESIDENT** 

03/31/2014

Date