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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740732 (3)

1. Corporation Name

AUTUMN WOODS HOMEOWNERS' ASSOCIATION, INC.

200001403012

-02/10/95--01045--010

***130.00 ***130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3126 HARVEST MOON DR. 3126 HARVEST MOON DRIVE
P.O. BOX 703 P.O. BOX 703, N/A
PALM HARBOR FL 34682-7703 PALM HARBOR FL 34682
US

3. Date Incorporated or Qualified 11/09/1977 3a. Date of Last Report 01/24/1994
4. FEI Number 59-1853262 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 P.O. Box 703 26 P.O. Box 703
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
28 PALM HARBOR, FL 28 PALM HARBOR, FL
Zip Country Zip Country
24 34682 25 PINELLAS 29 34682 30 PINELLAS

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MARTINO, DENNIS
1536 WILLOW BROOK DR
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent
81 Name JEFFREY L. WOLKINS
82 Street Address (P.O. Box Number is Not Acceptable) 1300 GLENSIDE AVE
83
84 City PALM HARBOR FL 85 Zip Code 34683

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE 1/5/95
Signature, typed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS
TITLE PD
NAME MARTINO, DENNIS
STREET ADDRESS 1536 WILLOW BROOK DR
CITY - ST - ZIP PALM HARBOR FL
TITLE VP
NAME CULWELL, MARIA
STREET ADDRESS 3133 HARVEST MOON
CITY - ST - ZIP PALM HARBOR FL
TITLE T
NAME WOLKINS, JEFF
STREET ADDRESS 1500 GLENSIDE AVE
CITY - ST - ZIP PALM HARBOR FL 34683
TITLE S
NAME LATHROP, JOHN
STREET ADDRESS 2834 BRIARWOOD
CITY - ST - ZIP PALM HARBOR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PRESIDENT Change Addition
1.2 NAME JOHN BURNHAM
1.3 STREET ADDRESS 1537 WILLOW BROOK DR.
1.4 CITY - ST - ZIP PALM HARBOR FL. 34683
2.1 TITLE VICE PRESIDENT Change Addition
2.2 NAME TIM BRYCE
2.3 STREET ADDRESS 3151 HARVEST MOON DR.
2.4 CITY - ST - ZIP PALM HARBOR FL. 34683
3.1 TITLE TREASURER Change Addition
3.2 NAME JEFF WOLKINS
3.3 STREET ADDRESS 1300 GLENSIDE AVE
3.4 CITY - ST - ZIP PALM HARBOR FL. 34683 34683
4.1 TITLE SECRETARY Change Addition
4.2 NAME CUNNINGHAM, POWELL
4.3 STREET ADDRESS 1459 WILLOW BROOK DR.
4.4 CITY - ST - ZIP PALM HARBOR FL. 34683
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, by an attachment with an address.

SIGNATURE: _____ DATE 1/5/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jeffrey L. WOLKINS TREAS. 598-756-5988