

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **740732 (3)**
1. Corporation Name
AUTUMN WOODS HOMEOWNERS' ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 11/09/1977
3a. Date of Last Report: 02/09/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26 P.O. Box 703
22. Suite, Apt. #, etc.: 27
23. City & State: 28 PALM HARBOR FL
24. Zip: 25 34682-7703 29 Country: 30 US

4. FEI Number: 59-1853262
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
WILLKINS, JEFFERY
1300 GLENSIDE AVE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent
81 Name: WOLKINS, JEFFREY
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in 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 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: JOHN BURNHAM STREET ADDRESS: 1527 WILLOW BROOK DR CITY-ST-ZIP: PALM HARBOR FL 34683	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PRESIDENT PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME: TIM BRYCE 1.3 STREET ADDRESS: 3181 HARVEST MOON DR. 1.4 CITY-ST-ZIP: PALM HARBOR, FL 34683
TITLE: VPD NAME: BRYER, TIM STREET ADDRESS: 3181 HARVEST MOON DR CITY-ST-ZIP: PALM HARBOR FL 34683	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VICE PRESIDENT VPD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME: STEVE HELLER 2.3 STREET ADDRESS: 3117 HARVEST MOON DR. 2.4 CITY-ST-ZIP: PALM HARBOR, FL 34683
TITLE: T D NAME: WOLKINS, JEFF STREET ADDRESS: 1300 GLENSIDE AVE CITY-ST-ZIP: PALM HARBOR FL	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:
TITLE: S NAME: POWELL, CONNIE STREET ADDRESS: 1480 WILLOW BROOK DR CITY-ST-ZIP: PALM HARBOR FL 34683	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: SECRETARY SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME: CANDY HENNESSY 4.3 STREET ADDRESS: 3077 HARVEST MOON DR. 4.4 CITY-ST-ZIP: PALM HARBOR, FL 34683
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 300001754773 5.4 CITY-ST-ZIP: 03/22/96--01091--001 ***61.25
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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 119.07(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 this 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *JEFF WOLKINS, TREAS.* 8/05/96 813-756-3988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)