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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
P.O. BOX 703 PALM HARBOR FL 34682-7703 P.O. BOX 703 PALM HARBOR FL 34682-0703

3. Date Incorporated or Qualified 11/09/1977 3a. Date of Last Report 03/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1853262	Applied For
21	26		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	28	
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLKINS, JEFFERY  
1900 GLENSIDE AVE  
PALM HARBOR FL 34683

81 Name Derrwaldt, Sheila  
82 Street Address (P.O. Box Number is Not Acceptable) 1500 Willow Brook Drive  
83  
84 City Palm Harbor FL 85 Zip Code 34683

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 Sheila Derrwaldt, SD SHEILA DERWALDT 1/12/97  
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President -> PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYCE, TIM	1.2 NAME	Tapich, Daniel
STREET ADDRESS	3181 HARVEST MOON DR	1.3 STREET ADDRESS	3200 Harvest Moon Dr.
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice-President -> VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, STEPHEN	2.2 NAME	Stem, Matthew Barry
STREET ADDRESS	3117 HARVEST MOON DR	2.3 STREET ADDRESS	3275 Meadow View Lane
CITY-ST-ZIP	PALM HARBOR FL 34683	2.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer -> TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLKINS, JEFF	3.2 NAME	Derrwaldt, Sheila
STREET ADDRESS	1300 GLENSIDE AVE	3.3 STREET ADDRESS	1500 Willow Brook Dr.
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	Palm Harbor - FL - 34683
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary -> SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNESSY, CANDY	4.2 NAME	Miller, Frank
STREET ADDRESS	3077 HARVEST MOON DR	4.3 STREET ADDRESS	3158 Harvest Moon Drive
CITY-ST-ZIP	PALM HARBOR FL 34683	4.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	100002079291 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-02/05/97--01123--045
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sheila Derrwaldt SHEILA DERWALDT 1/12/97 013-447-7781

CR2E037 (9/96)