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FILED NONPROFIT Jun 18 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT #

1. Corporation Name 740732 (3) AUTUMN WOODS HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address P.O.BOX 703 P.O.BOX 703 3. Date Incorporated or Qualified PALM HARBOR FL 34682-7703 PALM HARBOR FL 34682-7703 11/09/1977 4. FEI Number Applied For 59-1853262 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 22 27 Added to Fees City & State City & Stale 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DERRWALDT, SHELLA 82 1500 WILLOW BROOK DRIVE 83 PALM-HARBOR FL 34683 11. Pursuant to the provisions of Sections 617.050P 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 Plorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with unit accept the objections of, Section 617.0503, Florida Statutes SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ESTIENT DELETE **Addition** TITLE NAME MILLER, FRANK 1.2 NAME 3158-HARVEST MOON DRIVE 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIF 1.4 CITY-ST-ZIP 2.1 TITLE TITL F 2.2 NAM PAPICH, DANIEL NAME 3200 HARVEST MOON DR. STREET ADDRESS 2.3 STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP 2. 4 CITY - ST - ZIP 3.1 TITLE **5** Addition TITLE STEM, BARRY 3.2 NAME 'oss 3275 MEADOW VIEW LANE **3.3 STREET ADDRESS** STREET ADDRESS PALM HARBOR FL 34683 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TREASURER TITLE 4.1 TITLE-7 1640 CHESTAUT OF E 4.2 NAME / DERRWALDT, SHEKA 1500 WILLOW BROOK DR. 4.3 STREET ADDRESS STREET ADDRESS AALM HARBOR R 34683 PALM HARBOR FL 34683 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - 7IP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this synual 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 organization or the organization or the organization of the organization