## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 740732**

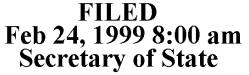
## AUTUMN WOODS HOMEOWNERS' ASSOCIATION. INC.

Principal	riace	UI	Dusiness
P.O.BOX	703		
PALM HA	RBOR	FL	34682-7703

Mailing Address

P.O.BOX 703

PALM HARBOR FL 34682-7703



02-24-1999 90175 017 \*\*\*\*61.25



2 Principal P	Place of Business 2a. Mailing Address			Date Incorporated or Qualifed					
<del></del> -	ace or business	26			11/09/1977				
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number	Ap	olied For		
	m, etc.	27			59-1853262	<del></del>	Applicable		
City & State	- :	City & State		<del></del>		\$8.75 A	dditional		
<b>一</b> ・		28			5. Certificate of Status Desired	Fee Re	quired		
23   Zip	Country	Zip	Coun	try	6. Election Campaign Financing	\$5.00	May Be		
24	25	29 30			Trust Fund Contribution	- 11			
9. Name and Address of Current Registered Agent			1	10. Name and Address of New Registered Agent					
			1	81 Name	<u> </u>				
DAMOU DAM			-	82 Street Address (P.O. Box Number is Not Acceptable)					
PAPICH, DAN				Street Address (P.O. box Number is Not Acceptable)					
3200 HARVEST MOON				83					
PALM HAI	RBOR FL 34683		1			a = 1 7:= C	`ada		
				B4 City	FL	85 Zip C	ode		
11. Pureuant	to the provisions of Sections 617 0502	and 617.1508. Florida Statutes.	the ab	ove-named	comporation submits this statement for the purpose of ch	anging its	registered		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was auth	onzed i	by the com	oration's board of directors. I hereby accept the appointment	nent as reg	jistered		
-	m lamiliar with, and accept the bullgate	ons of, occaon a rr. cooo, r conde	. Ow.u.				1		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered A	gent signature i	required when reinstating) DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO			
TITLE	PD	DELETE	1.1 TITL	E		] Change	☐ Addition		
NAME	MILLER, FRANK A	/ \	1.2 NAM	Œ			1		
STREET ADDRESS	3158 HARVEST MOON DR		1.3 STR	EET ADDRESS			1		
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY	-ST-ZIP		/			
TITLE	VD P	☐ DELETE	2.1 TITL	E	PRESIDENT	<b>_Change</b>	☐ Addition		
NAME	PAPICH, DAN		2.2 NAM	<b>ME</b>			ļ		
STREET ADDRESS	3200 HARVEST MOON DR.		2.3 STR	EET ADDRESS					
CITY-ST-ZIP	PALM HARBOR FL 34683		2. 4 CIT	Y-ST-ZIP					
TITLE	SD	☐ DELETE	3.1 TITL	E		Change	Addition ·		
NAME	ROSS, JULIE		3.2 NAN	Æ					
STREET ADDRESS	3124 AUTUMN DR		3.3 STR	EETADORESS					
CITY-ST-ZIP	PALM HARBOR FL 34683		3.4. CIT	Y-ST-ZIP					
TITLE	TD	DELETE	4.1 TITL	E		Change	☐ Addition		
NAME	SNIDER, SANDRA L		4. 2 NA	WE					
STREET ADDRESS	1640 CHESTNUT CT E		4.3 STR	EET ADDRESS					
CITY-ST-ZIP	PALM HARBOR FL 34683		4.4 CITY	Y-ST-ZIP					
TITLE		☐ DELETE	5.1 TITL	E	0.00	Change	Addition		
NAME:			5.2 NAW	AE .	VIM CALLAN	67			
STREET ADDRESS			5.3 STR	EET ADDRESS	3065 HARVEST MOON D	- 7			
CITY-ST-ZIP			5.4 C/TY	r-ST-ZIP	PALM HARBUR. FL. 3460	53			
TITLE		☐ DELETE	6.1 TITL	E 7	VEFF WOLKINS	] Change	Addition		
NAMÉ			6.2 NAM	Æ 🏖	TREMEUNER				
STREET ADDRESS			6.3 STR	EET ADDRESS	1300 BLENSING AVE	~ ~			
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			C 4 CITO	/ CT 7ID	Dm m 140101 17 346	05	i		

14. I 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 Suppliemental 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 required 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 en attachment with an address, with all ether like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAI