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Feb 24, 1999 8:00 am
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02-24-1999 90175 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 740732

1. Corporation Name
AUTUMN WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business: P.O. BOX 703, PALM HARBOR FL 34682-7703
 Mailing Address: P.O. BOX 703, PALM HARBOR FL 34682-7703



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	11/09/1977
23	City & State	City & State	4. FEI Number
24	Zip	Country	59-1853262
25	Country	Country	Applied For
26	Country	Country	Not Applicable
27	Country	Country	5. Certificate of Status Desired <input type="checkbox"/>
28	Country	Country	\$8.75 Additional Fee Required
29	Country	Country	6. Election Campaign Financing <input type="checkbox"/>
30	Country	Country	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PAPICH, DAN 3200 HARVEST MOON PALM HARBOR FL 34683		81 Name	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, FRANK A	1.2 NAME	
STREET ADDRESS	3158 HARVEST MOON DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPICH, DAN	2.2 NAME	
STREET ADDRESS	3200 HARVEST MOON DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, JULIE	3.2 NAME	
STREET ADDRESS	3124 AUTUMN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIDER, SANDRA L	4.2 NAME	
STREET ADDRESS	1640 CHESTNUT CT E	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JIM CALLAN
STREET ADDRESS		5.3 STREET ADDRESS	3065 HARVEST MOON DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PALM HARBOR, FL. 34683
TITLE		6.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	JEFF WOLKINS
STREET ADDRESS		6.3 STREET ADDRESS	1300 BLENSING AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PALM HARBOR FL. 34683

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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 2/14/99 DAYTIME PHONE #: 787-786-8988

CR2E037 (1/198)