

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740732

1. Entity Name

**AUTUMN WOODS HOMEOWNERS' ASSOCIATION, INC.**

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90077 026 \*\*\*\*61.25

Principal Place of Business P.O. BOX 703 PALM HARBOR FL 34682-7703	Mailing Address P.O. BOX 703 PALM HARBOR FL 34682-0703
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1853262</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PAPICH, DAN**  
**3200 HARVEST MOON**  
**PALM HARBOR FL 34683**

**7. Name and Address of New Registered Agent**

Name: **JEFF WOLKINS**  
 Street Address (P.O. Box Number is Not Acceptable):  
**1300 GLENSIDE AVE**  
**PALM HARBOR, FL. 34683**  
 City: **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: JEFF WOLKINS (Signature, typed or printed name of registered agent and title if applicable.)  
 (NOTE: Registered Agent signature required when reinstating.)  
 DATE: 3/11/00

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>PAPICH, DAN</b>
STREET ADDRESS	<b>3200 HARVEST MOON DR.</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ROSS, JULIE</b>
STREET ADDRESS	<b>3124 AUTUMN DR</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SNIDER, SANDRA L</b>
STREET ADDRESS	<b>1640 CHESTNUT CT E</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>CALLAN, TIM</b>
STREET ADDRESS	<b>3065 HARVEST MOON DR.</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>WILKINS, JEFF</b>
STREET ADDRESS	<b>1300 GLENSING AVE.</b>
CITY-ST-ZIP	<b>PALM HARBIN FL 34683</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>PRES.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JIM CALLAN</b>
STREET ADDRESS	<b>3065 HARVEST MOON DR.</b>
CITY-ST-ZIP	<b>PALM HARBOR, FL. 34683</b>
TITLE	<b>SEC.</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JEFF ZIPBERGER</b>
STREET ADDRESS	<b>3102 AUTUMN DR.</b>
CITY-ST-ZIP	<b>PALM HARBOR, FL. 34683</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>V.P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAN PAPICH</b>
STREET ADDRESS	<b>3200 HARVEST MOON DR</b>
CITY-ST-ZIP	<b>PALM HARBOR, FL. 34683</b>
TITLE	<b>TREAS.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFF WOLKINS</b>
STREET ADDRESS	<b>1300 GLENSIDE AVE</b>
CITY-ST-ZIP	<b>PALM HARBOR, FL. 34683</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF WOLKINS, TREAS **3/11/00** **727-786-3488**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)