

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90060 015 \*\*\*\*61.25

0087595

**DOCUMENT # 740732**

1. Entity Name

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

Principal Place of Business

Mailing Address

1050 A ELW PKWY  
 OLDSMAR FL 34677

1050 A ELW PKWY  
 OLDSMAR FL 34677

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1853262**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCANNAVIND, DOMINICK**  
**1050 A ELW PKWY**  
**OLDSMAR FL 34677**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	COVERT, KIRK	
STREET ADDRESS	1559 WILLOW BROOK DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COLWELL, MARCIA	
STREET ADDRESS	3133 HARVEST MOON DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RIPBERGER, JEFF	
STREET ADDRESS	3102 AUTUMN DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STRYCZNY, RAVAGE	
STREET ADDRESS	3126 HARVEST MOON DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNHAM, JOHN	
STREET ADDRESS	1527 WILLOW BROOK DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VIT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALDSON, J. THOMAS	
STREET ADDRESS	1540 CRESTWOOD LANE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	MAHLE, DENNY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1536 WILLOW BROOK DR	
CITY-ST-ZIP	PALM HARBOR 34683	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)