

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90059 018 \*\*\*\*61.25



**DOCUMENT # 740732**

1. Entity Name

AUTUMN WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1050 A ELW PKWY  
OLDSMAR FL 34677

Mailing Address

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

SCANNAVIND, DOMINICK  
1050 A ELW PKWY  
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD  Delete  
NAME ADKINS, JIM  
STREET ADDRESS 1621 CHESTNUT COURT EAST  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE PTD  Delete  
NAME COLWELL, MARCIA  
STREET ADDRESS 3133 HARVEST MOON DRIVE  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE VD  Delete  
NAME DONALDSON, THOMAS  
STREET ADDRESS 1540 CRESTWOOD LANE  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D  Delete  
NAME MILLER, FRANK  
STREET ADDRESS 3158 HARVEST MOON DR.  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D  Delete  
NAME TUCKER, DENISE  
STREET ADDRESS 1570 CHESTNUT CT. WEST  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D  Delete  
NAME GROW, ED  
STREET ADDRESS 1620 CHESTNUT CT. EAST  
CITY-ST-ZIP PALM HARBOR FL 34683

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  Change  Addition  
NAME MAHLE, DENNY  
STREET ADDRESS 1536 WILLOW BROOK DRIVE  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE D  Change  Addition  
NAME BURNHAM, JOHN  
STREET ADDRESS 1507 WILLOW BROOK DRIVE  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE D  Change  Addition  
NAME PIZZANO, BEVERLY  
STREET ADDRESS 3236 HARVEST MOON DR.  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE D  Change  Addition  
NAME WILSON, DICK  
STREET ADDRESS 3205 HARVEST MOON DR.  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE D  Change  Addition  
NAME HASLAM, REX  
STREET ADDRESS 2549 GREENLEAF CT.  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE  Change  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

MARCIA COLWELL, PRES.

Date

Daytime Phone #

1/30/04