
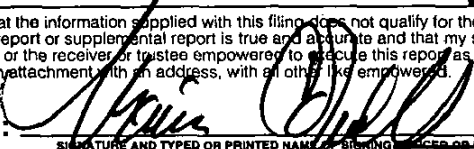


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90047 011 ****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		Country		Country	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADKINS, JIM	NAME			
STREET ADDRESS	1621 CHESTNUT COURT EAST	STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP			
TITLE	PTD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLWELL, MARCIA	NAME			
STREET ADDRESS	3133 HARVEST MOON DRIVE	STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DONALDSON, THOMAS	NAME			
STREET ADDRESS	1540 CRESTWOOD LANE	STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MILLER, FRANK	NAME	PIZZANO, BEVERLY		
STREET ADDRESS	3158 HARVEST MOON DR.	STREET ADDRESS	3236 HARVEST MOON DRIVE		
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	PALM HARBOR, FL 34683		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MAHLE, DENNY	NAME	WOLKINS, JEFF		
STREET ADDRESS	1536 WILLOW BROOK DRIVE	STREET ADDRESS	3261 AUTUMN DRIVE		
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	PALM HARBOR, FL 34683		
TITLE	D <input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BURNHAM, JOHN	NAME	WILLSON, DICK		
STREET ADDRESS	1527 WILLOW BROOK DRIVE	STREET ADDRESS	3205 HARVEST MOON DRIVE		
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	PALM HARBOR, FL 34683		
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 an other like empowered.					
SIGNATURE:  2/8/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					