


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90018 027 ****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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01052006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1853262 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

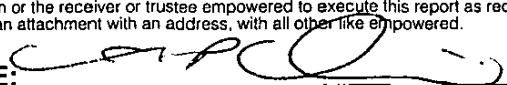
Filing Fee is \$61.25 Due by May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKINS, JIM 1621 CHESTNUT COURT EAST PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUCKER, DENISE 5701 CHESTNUT COURT WEST PALM HARBOR, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLWELL, MARCIA 3133 HARVEST MOON DRIVE PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHOINIERE ALISON 3134 HARVEST MOON DR. PALM HARBOR, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALDSON, THOMAS 1540 CRESTWOOD LANE PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLSON, DICK 3205 HARVEST MOON DR. PALM HARBOR, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIZZAND, BEVERLY 3236 HARVEST MOON DRIVE PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERTON, JAY 1661 CHESTNUT COURT EAST PALM HARBOR, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLKINS, JEFF 3261 AUTUMN DRIVE PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNHAM, JOHN 1527 WILLOW BROOK DRIVE PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 authority empowered.

SIGNATURE:  **2/7/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #