

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90049 006 ****61.25

DOCUMENT # 740732
 1. Entity Name
 AUTUMN WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 720 BROOKER CREEK BLVD
 OLDSMAR, FL 34677

Mailing Address
 1050 A ELW PKWY
 OLDSMAR, FL 34677

40050671



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 720 BROOKER CREEK BLVD.
 SUITE, APT. #, ETC. #206

02212008 Chg-NP CR2E037 (12/06)

City & State
 OLDSMAR, FL

City & State
 OLDSMAR, FL

Zip Country
 34677

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

SCANNAVINO, DOMINICK
 720 BROOKER CREEK BLVD
 SUITE 206
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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	D	<input type="checkbox"/> Delete
NAME	WILLSON, DICK	
STREET ADDRESS	3205 HARVEST MOON DR	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PIZZAND, BEVERLY	
STREET ADDRESS	3236 HARVEST MOON DRIVE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	D	<input checked="" 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COVERT, KIRK	
STREET ADDRESS	1599 WILLOW BROOK DR.	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADKINS, JIM	
STREET ADDRESS	1621 CHESTNUT COURT EAST	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALDSON, DIANE	
STREET ADDRESS	1540 CRESTWOOD LANE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLWELL, MARCIA	
STREET ADDRESS	3133 HARVEST MOON DRIVE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, FRANK	
STREET ADDRESS	3158 HARVEST MOON DRIVE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	

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 empowered.

SIGNATURE: _____ Date: 3/11/08 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR