

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740732

FILED
Jan 15, 2009
Secretary of State

Entity Name: AUTUMN WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

720 BROOKER CREEK BLVD
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD
#206
OLDSMAR, FL 34677

New Mailing Address:

720 BROOKER CREEK BLVD
OLDSMAR, FL 34677

FEI Number: 59-1853262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCANNAVIND, DOMINICK
720 BROOKER CREEK BLVD
SUITE 206
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLSON, DICK
Address: 3205 HARVEST MOON DR
City-St-Zip: PALM HARBOR, FL 34683

Title: PD () Delete
Name: COVERT, KIRK
Address: 1599 WILLOW BROOK DR
City-St-Zip: PALM HARBOR, FL 34683

Title: VD () Delete
Name: ADKINS, JIM
Address: 1621 CHESTNUT COURT EAST
City-St-Zip: PALM HARBOR, FL 34683

Title: SD () Delete
Name: DONALDSON, DIANE
Address: 1540 CRESTWOOD LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: TD () Delete
Name: COLWELL, MARCIA
Address: 3133 HARVEST MOOND DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: MILLER, FRANK
Address: 3158 HARVEST MOON DRIVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: COLWELL, MARCIA
Address: 3133 HARVEST MOON DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SOLO, DENNIS
Address: 3246 AUTUMN DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA COLWELL

PD

01/15/2009

Electronic Signature of Signing Officer or Director

Date