2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# 742171

Entity Name: AUTUMN WOOD OF THE TRAILS HOMEOWNERS ASSOCIATION,INC.

Current Principal Place of Business:

231 PINE CONE TRAIL
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

231 PINE CONE TRAIL
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

IMIER, LINDA B
231 PINE CONE TRAIL
ORMOND BEACH, FL 32174 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: STD ( ) Delete
Name: INLER, LINDA
Address: 231 PINE CONE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD ( ) Delete
Name: WILKES, LAMAR
Address: 206 PINE CONE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD ( ) Delete
Name: IMIER, PHILLIP M
Address: 231 PINE CONE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: IMLER, LINDA
Address: 231 PINE CONE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: PD (X) Change ( ) Addition
Name: IMLER, PHILLIP M
Address: 231 PINE CONE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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: PHILLIP M. IMLER PD 06/23/2009
Electronic Signature of Signing Officer or Director — Date