

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742171

FILED
Feb 18, 2011
Secretary of State

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:

221 PINE CONE TRAIL
ORMOND BEACH, FL 32174 US

Current Mailing Address:

231 PINE CONE TRAIL
ORMOND BEACH, FL 32174 US

New Mailing Address:

221 PINE CONE TRAIL
ORMOND BEACH, FL 32174 US

FEI Number: 59-2058467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

HOWARD, WILLIAM K
221 PINE CONE TRAIL
ORMOND BEACH, FL 32174 US

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: WILLIAM K HOWARD

02/18/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD
Name: HOWARD, WILLIAM K
Address: 221 PINE CONE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD
Name: KOWAL, LAWRENCE D
Address: 219 PINE CONE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD
Name: MCKAY, JAMES W
Address: 230 PINE CONE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: GRANT, GARY C
Address: 215 PINE CONE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM K HOWARD

STD

02/18/2011

Electronic Signature of Signing Officer or Director

Date