

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744505

FILED
Feb 16, 2011
Secretary of State

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

Current Principal Place of Business:

4 AUTUMNWOOD TRAIL
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

4 AUTUMNWOOD TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-2221741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, KATHRYN E
15 HAVENWOOD 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: D
Name: MAZESKY, ANDREW T
Address: 3 BIRCHWOOD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: OATAWAY, LYLE
Address: 9 HAVENWOOD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: P
Name: BEVACQUA, MIKE
Address: 1 HAVENWOOD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: SASHIN, SAUL
Address: 5 BIRCHWOOD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: TS
Name: MITCHELL, KATHRYN E.
Address: 15 HAVENWOOD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP
Name: MITCHELL, RAYMOND
Address: 15 HAVENWOOD 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: KATHRYN E. MITCHELL

SEC.

02/16/2011

Electronic Signature of Signing Officer or Director

Date