



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90232 006 ****61.25

| | | | | | |
|--|--------------------------|---|--|---|--|
| DOCUMENT # 760427 1. Entity Name AUTUMN CHACE TOWNHOMES OF PINE LAKE ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 US | | | Mailing Address 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2456670 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DUARTE, ANTONIO III 6221 LAND O LAKES BLVD LAND O LAKES, FL 34639 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COMBS, JIMMY D | | NAME | BOYLEN, DARREN | |
| STREET ADDRESS | 2122 OAK CHACE CT | | STREET ADDRESS | 2001 Pine Chace CT | |
| CITY-ST-ZIP | TAMPA, FL 33613 | | CITY-ST-ZIP | TAMPA FL 33613 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCGUCKEN, MICHAEL | | NAME | | |
| STREET ADDRESS | 2116 OAK CHACE CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33613 | | CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ZAMANI, BOB | | NAME | ALCHIKH, ALI | |
| STREET ADDRESS | 1102 S MOODY AVE | | STREET ADDRESS | 2406 WEST MORRISON Ave | |
| CITY-ST-ZIP | TAMPA, FL 33629 | | CITY-ST-ZIP | TAMPA FL 33629 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  Darren Boylen <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 3-1-06 <small>Date</small> | | 813417 9452 <small>Daytime Phone #</small> |