

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 28, 2007 8:00 am
Secretary of State

007

02-28-2007 90012 025 ****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

40025952



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2456670

Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUARTE, ANTONIO III
6221 LAND O LAKES BLVD
LAND O LAKES, FL 34639

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOXLEN, DARREN	
STREET ADDRESS	2001 PINE CHANCE CT	
CITY-ST-ZIP	CLOVIS, CA 93613	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCGUCKEN, MICHAEL	
STREET ADDRESS	2116 OAK CHACE CT	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALCHIKH, ALI	
STREET ADDRESS	2406 W MORRISON AVE	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLEN, DARREN	
STREET ADDRESS	2001 PINE CHANCE CT	
CITY-ST-ZIP	TAMPA, FL 33616	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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* **Darren Boylen** **1-31-07** **813-479452**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #