


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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2456670 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 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 FL Zip Code | | |
| 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, 2007 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD BOXLEN, DARREN 2001 PINE CHANCE CT CLOVIS, CA 93613 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BOYLEN, DARREN 2001 PINE CHANCE CT TAMPA, FL 33616 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MCGUCKEN, MICHAEL 2116 OAK CHACE CT TAMPA, FL 33613 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ALCHIKH, ALI 2406 W MORRISON AVE TAMPA, FL 33629 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1-31-07 813-479452 <small>Date Daytime Phone #</small> | | |

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