## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 760427** 

FILED Jan 13, 2009 Secretary of State

Entity Name: AUTUMN CHACE TOWNHOMES OF PINE LAKE ASSOCIATION, INC.

Current Principal Place of Business:			ness:	New Principal Place	New Principal Place of Business:	
	PLE TERRAC ERRACE, FL		US			
urrent M	ailing Addre	ss:		New Mailing Addres	ss:	
	PLE TERRAC ERRACE, FL		US			
El Number:	59-2456670	FEI Nui	mber Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
ame and	Address of 0	Current F	Registered Agent:	Name and Address	of New Registered Agent:	
	ANTONIO III					
221 LAŃE AND O LA he above	OO LAKES BL AKES, FL 346 named entity	39 US		ourpose of changing its register	ed office or registered agent, or both,	
221 LANE AND O LA he above the State	O O LAKES BL AKES, FL 346 named entity of Florida.	39 US		ourpose of changing its register	ed office or registered agent, or both,	
221 LANE AND O LA he above the State	O O LAKES BL AKES, FL 346 named entity of Florida.	39 US			ed office or registered agent, or both,  Date	
221 LANE AND O LA he above n the State	O O LAKES BL AKES, FL 346 named entity of Florida.	submits t	this statement for the p	ent		
221 LANE AND O LA ne above the State	named entity of Florida.  RE: Electroi	submits to submits to submits to signate the submits to	this statement for the p	ent	Date	
221 LANE AND O LA he above the State IGNATUF FFICERS ttle: ame: ddress:	named entity of Florida.  RE: Electron  AND DIRECT  BOYLEN, DAR  2001 PINE CH.  TAMPA, FL 33	submits to submits to signate stores:  Tores:  Delete REN ANCE CT 6616  Delete MICHAEL ACE CT	this statement for the p	ent  ADDITIONS/CHANG  Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DARREN BOYLEN PD 01/13/2009