

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002130

FILED
Mar 24, 2009
Secretary of State

Entity Name: AUTUMN CHASE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

225 S WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 327162147

New Mailing Address:

FEI Number: 59-3642457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 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: DV () Delete
Name: ADOLFI, AL
Address: 1607 WILLOW OAK LANE
City-St-Zip: SANFORD, FL 32773

Title: DP () Delete
Name: STEWART, VALERIE
Address: 5655 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: GUTIERREZ, JOHN
Address: 1599 SILK TREE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: DT () Delete
Name: DERMINER, ROBIN
Address: 1649 WILLOW OAK LANE
City-St-Zip: SANFORD, FL 32773

Title: DS () Delete
Name: ANDERSON, JENNIFER
Address: 5745 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OPRIS, CHRIS
Address: 5715 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: V (X) Change () Addition
Name: GOSLIN, JOE
Address: 5639 ENGLISH OAK CT
City-St-Zip: SANFORD, FL 32773

Title: P (X) Change () Addition
Name: GUTIERREZ, JOHN
Address: 1599 SILK TREE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: T (X) Change () Addition
Name: GRESHAM, JUDY
Address: 5624 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN GUTIERREZ

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date