

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001441

FILED
Mar 31, 2009
Secretary of State

Entity Name: AUTUMNWOOD AT CYPRESS SPRINGS II HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3703652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, MARC
882 JACKSON AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

HIRSCHFELD, DAWNE
882 JACKSON AVE
WINTER PARK, FL 32789 US

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: DAWNE HIRSCHFELD

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEITZ, DEBBIE
Address: 2155 AUTUMN VIEW DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: TP () Delete
Name: SMITH, DARYL
Address: 2063 AUTUMN VIEW DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: VP () Delete
Name: BASTIN, RAY
Address: 2027 AUTUMN VIEW DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: S (X) Delete
Name: URCIVDI, CHERYL
Address: 10919 AUTUMN SONG CT.
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, DARYL
Address: 2063 AUTUMN VIEW DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: TD (X) Change () Addition
Name: BASTIN, RAY
Address: 2027 AUTUMN VIEW DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: VPD (X) Change () Addition
Name: MICHAEL, DAVID
Address: 2118 AUTUMN VIEW DRIVE
City-St-Zip: ORLANDO, FL 32825

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: DARYL SMITH

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date