

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03030

FILED  
Sep 06, 2005  
Secretary of State

Entity Name: AUTUMN WOODS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2632 NW 43RD ST  
STE. A-103  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 357164  
GAINESVILLE, FL 326357164

**New Mailing Address:**

FEI Number: 59-2924487      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VOGEL, DIANA L MGR  
J. D. ELITE PROPERTIES, INC.  
2632 NW 43RD ST., SUITE A-103  
GAINESVILLE, FL 32606 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SPILLANE, JOSEPH  
Address: 4925 NW 37TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: VD ( ) Delete  
Name: BEIGEL, KAREN  
Address: 4917 NW 37TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: STD ( ) Delete  
Name: FAVINI, PAUL  
Address: 3809 NW 48TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BURCHETTE, WILLIAM  
Address: 4930 NW 37TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: VD (X) Change ( ) Addition  
Name: WALLACE, MICKEY  
Address: 4725 NW 37TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: STD (X) Change ( ) Addition  
Name: BURCHETTE, NORMA  
Address: 4930 NW 37TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DIANA L. VOGEL, ASSN. MGR.

RA

09/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date