

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03030

FILED
May 01, 2006
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: BURCHETTE, WILLIAM
Address: 4930 NW 37TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REGER, JOHN
Address: 3809 NW 48TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANA L. VOGEL, ASSN. MGR.

RA

05/01/2006

Electronic Signature of Signing Officer or Director

Date