

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 08:00
Secretary of State

DOCUMENT # N03030

1. Entity Name
AUTUMN WOODS OWNERS ASSOCIATION, INC.



Principal Place of Business

3809 NW 48TH TERRACE
GAINESVILLE, FL 32606 US

Mailing Address

PO BOX 357164
GAINESVILLE, FL 32635-7164



02052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2924487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REGER, JOHN
3809 NW 48TH TERRACE
GAINESVILLE, FL 32606

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME REGER, JOHN
STREET ADDRESS 3809 NW 48TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE VD
NAME PEREZ, JUAN
STREET ADDRESS 5021 NW 37TH PLACE
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE STD
NAME EVERNART, GABRIEL
STREET ADDRESS 3802 NW 48TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32606

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U000000763041
05/29/07-80038-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/15/07 352-208-1371