

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003612

FILED
Apr 27, 2009
Secretary of State

Entity Name: AUTUMN GLEN TOWNHOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9456 PHILLIPS HWY STE 1
JACKSONVILLE, FL 32256

New Principal Place of Business:

475 W TOWN PLACE, SUITE 100
ST AUGUSTINE, FL 32092

Current Mailing Address:

SEVERN TRENT SERVICES INC.
475 W TOWN PLACE, SUITE 100
ST AUGUSTINE, FL 32092

New Mailing Address:

475 W TOWN PLACE, SUITE 100
ST AUGUSTINE, FL 32092

FEI Number: 20-0965411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEVERN TRENT SERVICES INC.
475 W TOWN PLACE, SUITE 100
ST AUGUSTINE, FL 32092 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: VP () Delete
Name: MILLER, TONI
Address: 1585D VINELAND CIRCLE
City-St-Zip: ORANGE PARK, FL 32003

Title: TS () Delete
Name: PENN, MICHELLE
Address: 1585C VINELAND CIRCLE
City-St-Zip: FLEMING ISLAND, FL 32003

Title: P () Delete
Name: ROOS, ANN
Address: 1555B VINELAND CIRCLE
City-St-Zip: ORANGE PARK, FL 32003

Title: D (X) Delete
Name: SEELEY, DOUG
Address: 1640D VINELAND CIR
City-St-Zip: FLEMING ISLAND, FL 32003

Title: D () Delete
Name: DUDASH, DIANE
Address: 1555A VINELAND CIR
City-St-Zip: FLEMING ISLAND, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: ANN ROOS

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date