


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90196 013 \*\*\*\*70.00

**DOCUMENT # N05000007876**

1. Entity Name  
**AUTUMN OAKS SOUTH HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**9020 RANCHO DEL RIO DR., SUITE 125  
 NEW PORT RICHEY, FL 34655**

Mailing Address  
**9020 RANCHO DEL RIO DR., SUITE 125  
 NEW PORT RICHEY, FL 34655**

2. Principal Place of Business  
**905 MLK Jr Drive**  
 Suite, Apt. #, etc.  
**Suite 250**

3. Mailing Address  
**P.O. Box 2501**  
 Suite, Apt. #, etc.

City & State  
**Tarpon Springs, FL.**


City & State  
**Tarpon Springs FL.**

Zip  
**34689**

Country  
**USA**

Zip  
**34688**

Country  
**USA**



01252006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**20-3771458**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DEEB, ALEX R  
 9020 RANCHO DEL RIO DR., SUITE 125  
 NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name **Ralph Zuckerman**

Street Address (P.O. Box Number is Not Acceptable)  
**P.O. Box 2501**

City **Tarpon Springs** FL Zip Code **34688**

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 **R Zuckerman** **Ralph Zuckerman** **4/26/06**  
 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, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	DEEB, ALEX R <input checked="" type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEEB, ALEX R	NAME	Ralph Zuckerman
STREET ADDRESS	9020 RANCHO DEL RIO DR., SUITE 125	STREET ADDRESS	P.O. Box 2501 Tarpon Springs FL 34688
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP	
TITLE VD	DIETERS, STEPHANIE D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETERS, STEPHANIE D	NAME	
STREET ADDRESS	9020 RANCHO DEL RIO DR., SUITE 125	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP	
TITLE STD	DEEB, RICHARD J II <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEEB, RICHARD J II	NAME	
STREET ADDRESS	9020 RANCHO DEL RIO DR., SUITE 125	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **R Zuckerman** **Ralph Zuckerman** **4/26/06**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #