

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008222

FILED  
May 09, 2007  
Secretary of State

**Entity Name:** AUTUMN DOWNS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4605 NORTHEAST 14 PLACE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

4605 NORTHEAST 14 PLACE  
OCALA, FL 34470

**New Mailing Address:**

11375 NW 21ST ST  
OCALA, FL 34482

FEI Number: 20-4128770      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:**

SHULTZ, RICHARD  
4605 NORTHEAST 14 PLACE  
OCALA, FL 34470      US

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

SHULTZ, RICHARD  
11375 NW 21ST ST  
OCALA, FL 34482      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: RICHARD L SHULTZ

05/09/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SHULTZ, RICHARD  
Address: 4605 NORTHEAST 14 PLACE  
City-St-Zip: Ocala, FL 34470

Title: VPS      ( ) Delete  
Name: CANGELOSI, JOSEPH  
Address: 4605 NORTHEAST 14 PLACE  
City-St-Zip: Ocala, FL 34470

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

Title: PD      (X) Change ( ) Addition  
Name: SHULTZ, RICHARD  
Address: 11375 NW 21ST ST  
City-St-Zip: Ocala, FL 34482

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: RICHARD L SHULTZ

PD

05/09/2007

Electronic Signature of Signing Officer or Director

Date