2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N08000004437

Entity Name: AUTUMN MEADOWS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5508-B NORTH W STREET
PENSACOLA, FL 32505

New Principal Place of Business:

4400 BAYOU BLVD., SUITE 35
PENSACOLA, FL 32503

Current Mailing Address:

5508-B NORTH W STREET
PENSACOLA, FL 32505

New Mailing Address:

4400 BAYOU BLVD.,
PENSACOLA, FL 32503

FEI Number: 20-8232601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, GAIL
5508-B NORTH W STREET
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

LONGWELL, TINA
4400 BAYOU BLVD
PENSACOLA, FL 32503 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: TINA LONGWELL 03/31/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORRIS, GAIL
Address: 5508-B NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505

Title: VPD ( ) Delete
Name: BARNES, DAVID
Address: 5508-B NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505

Title: STD ( ) Delete
Name: MOORE, WILLIAM A
Address: 5508-B NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505

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:

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: GAIL MORRIS DP 03/31/2009
Electronic Signature of Signing Officer or Director Date