


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90379 043 ****61.25

DOCUMENT # N20915	
1. Entity Name AUTUMN GLEN HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 165 WEST SR 434 WINTER SPRINGS, FL 32708	Mailing Address P.O. BOX 915322 LONGWOOD, FL 32791-5322
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60064406



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 197043 Suite, Apt. #, etc.	
City & State		City & State Winter Springs FL	
Zip 32719	Country US	Zip 32719	Country US

03102006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2811325		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL ASSOCIATION MANAGEMENT CO. 165 WEST SR 32708 WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent Name Palmerston LLC Street Address (P.O. Box Number is Not Acceptable) 165 W. SR 434 City Winter Springs FL Zip Code 32708	

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  DATE 03/30/06

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 NAME STREET ADDRESS CITY-ST-ZIP	D FALCONE, LEONARD 1920 SHADYHILL TERRACE WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Falcone, Leonard 1920 Shadyhill Terrace Winter Park, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, ROBERT 2198 SHADYHILL TERRACE WINTER PARK, FL 32972 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Commodario, Phil 1119 Kerwood Circle Orlando FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CELONES, JEFF 1667 SPRINGTIME COOP WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Hombarger, Gary 1802 Shadyhill Terrace Winter Park, FL 32792 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENNEDY, KEVIN 4008 WATERVIEW LOOP WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rosales, Alicia 1863 Meadowgold Circle Winter Park FL 32792 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSI, LORRAINE 3987 WATERVIEW LOOP WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV massi, Lorraine 3987 Waterview loop Winter Park, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORDERN, JAMES 3968 WATERVIEW LOOP WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: G. Hombarger Gary Hombarger 3-16-06 407-657-2283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #