## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N20915

FILED Jan 16, 2009 Secretary of State

Entity Name: AUTUMN GLEN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 390 WEST STATE RD. 434 SUITE 203 LONGWOOD, FL 327504977 **New Mailing Address: Current Mailing Address:** POB 197043 WINTER SPRINGS, FL 32719 FEI Number: 59-2811325 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PALMERSTON, LLC 390 WEST S.R. 434 STE 203 LONGWOOD, FL 327504977 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CICERO, MARCIA Name: Name: 1928 SHADYHILL TERR Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: DS () Delete Title: (X) Change ( ) Addition COMMODARIO, PHIL Name: COMMODARIO, PHIL Name: Address: 11196 KERWOOD CIR Address: 1119 KERWOOD CIR City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 Title: DP () Delete Title: (X) Change ( ) Addition HAMBERGER, GARY DURYEA, JOHN Name: Name: 1802 SHADYHILL TERR Address: Address: 2024 SHADYHILL TERR City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINTER PARK, FL 32792 Title: DV Title: () Change () Addition ( ) Delete Name: DEIGHAN, BILL Name: 1921 SHADY HILL TERR Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: () Delete Title: DS (X) Change ( ) Addition HORDERN, BARBARA HORDERN, BARBARA Name: Name: 3968 WATER VIEW LOOP 3968 WATER VIEW LOOP Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINTER PARK, FL 32792

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: PHIL COMMODARIO P 01/16/2009