

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25079

FILED  
Feb 28, 2006  
Secretary of State

Entity Name: AUTUMN OAKS HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

18443 AUTUMN LAKES BLVD  
HUDSON, FL 34667

## New Principal Place of Business:

## Current Mailing Address:

18443 AUTUMN LAKES BLVD  
HUDSON, FL 34667

## New Mailing Address:

FEI Number: 59-2878207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONTINO, KAREN S  
6630 EMBASSY BLVD  
B  
PORT RICHEY, FL 34668 US

## Name and Address of New Registered Agent:

BIGELOW, KRISTINE M  
6630 EMBASSY BLVD  
B  
PORT RICHEY, FL 34668 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: KRISTINE M BIGELOW C.P.A., P.A.

02/28/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TALLARINE, JOHN  
Address: 13925 ECHO MOUNTAIN DR.  
City-St-Zip: HUDSON, FL 34667

Title: VPD ( ) Delete  
Name: GIGLIO III, LOUIS S  
Address: 14025 AUTUMN LAKE BLVD  
City-St-Zip: HUDSON, FL 34667

Title: SD ( ) Delete  
Name: BURTON, RENEE  
Address: 18748 BASCOMB LANE  
City-St-Zip: HUDSON, FL 34667

Title: T ( ) Delete  
Name: CONTINO, THOMAS  
Address: 18615 AUTUMN LAKE BLVD.  
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete  
Name: CORREIRA, BENJAMIN  
Address: 18527 AUTUMN LAKE BLVD  
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete  
Name: O'NEAL, JAMES  
Address: 18836 AUTUMN LAKE BLVD  
City-St-Zip: HUDSON, FL 34667

## 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:

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 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: JOHN TALLARINE

P

02/28/2006

Electronic Signature of Signing Officer or Director

Date