

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31518

FILED
Apr 22, 2005
Secretary of State

Entity Name: AUTUMN GLEN ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11830 CATRAKEE DRIVE
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

11830 CATRAKEE DRIVE
JACKSONVILLE, FL 32223 US

New Mailing Address:

FEI Number: 59-2936008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELDER, PAMELA W
11830 CATRAKEE DRIVE
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: HELDER, PAMELA
Address: 11830 CATRAKEE DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: DV () Delete
Name: GRAY, WAYNE
Address: 11865 CATRAKEE DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: DT () Delete
Name: RENWICK, DEBBY
Address: 11881 HONEY LOCUST DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: DS () Delete
Name: LININGSTON, DEB
Address: 11872 HONEY LOCUST DR.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: WHITE, SUSAN
Address: 3412 CHOKEBERRY COURT
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: LIVINGSTON, DEB
Address: 11872 HONEY LOCUST DR.
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: HARRINGTON, JENNIFER
Address: 11814 CATRAKEE DR.
City-St-Zip: JACKSONVILLE, FL 32223

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 Section 119.07(3)(i), 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: PAMELA W. HELDER

DP

04/22/2005

Electronic Signature of Signing Officer or Director

Date