

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31518

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** AUTUMN GLEN ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11822 CATRAKEE DRIVE  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

11822 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:**

SNIDER, TED  
11822 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: SNIDER, TED  
Address: 11822 CATRAKEE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: DV ( ) Delete  
Name: THOMAS, BOB  
Address: 11948 CATRAKEE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

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

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

Title: D ( ) Delete  
Name: BEDFORD, KIM  
Address: 11830 CATRAKEE DR.  
City-St-Zip: JACKSONVILLE, FL 32223

**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: DS (X) Change ( ) Addition  
Name: CARLSON, JAMES  
Address: 3422 AUGUSTINE ELM COURT  
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 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: DEBORAH RENWICK

DT

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date