


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002901 (4)**

1. Corporation Name

AUTUMN PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**1002 SPRINGFIELD COURT
ROCKLEDGE FL 32955**

Mailing Address

**1002 SPRINGFIELD COURT
ROCKLEDGE FL 32955-4413**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1996		3a. Date of Last Report	
21	1006 SPRINGFIELD CT	28	1006 SPRINGFIELD CT	4. FEI Number 59-3412846		Applied For <input type="checkbox"/> Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	ROCKLEDGE FL	28	ROCKLEDGE FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	32955	25	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VAN CATTERTON, A JR. 1990 WERST NEW HAVEN AVE., SUITE 104 MELBOURNE FL 32904				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
NAME	LAWRENCE W WUONCH		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	1002 SPRINGFIELD CT		1.2 NAME				
CITY-ST-ZIP	ROCKLEDGE FL 32955		1.3 STREET ADDRESS				
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP				
NAME	RICHARD STATTNER		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	1026 GREENLEAF CT		2.2 NAME				
CITY-ST-ZIP	ROCKLEDGE FL 32955		2.3 STREET ADDRESS				
TITLE	SECRETARY	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP				
NAME	D DUSCHL		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	1030 GREENLEAF CT		3.2 NAME				
CITY-ST-ZIP	ROCKLEDGE FL 32955		3.3 STREET ADDRESS				
TITLE	TREASURER	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP				
NAME	EDWARD M KYDD		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	1006 SPRINGFIELD CT		4.2 NAME				
CITY-ST-ZIP	ROCKLEDGE FL 32955		4.3 STREET ADDRESS				
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP				
NAME			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS			5.2 NAME				
CITY-ST-ZIP			5.3 STREET ADDRESS				
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP				
NAME			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS			6.2 NAME				
CITY-ST-ZIP			6.3 STREET ADDRESS				
TITLE		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP				
NAME							
STREET ADDRESS							
CITY-ST-ZIP							

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **EDWARD M KYDD** 407 631 6894

CR2E037 (9/96)