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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000002901 (4)

AUTUMN PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address 1006 SPRINGFIELD CT 1006 SPRINGFIELD CT 3. Date Incorporated or Qualified **ROCKLEDGE FL 32955** ROCKLEDGE FL 32955-4413 05/28/1996 4. FEI Number Applied For 59-3412846 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 **Trust Fund Contribution** Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association?

2 Yes No 28 23 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name VAN CATTERTON, A JR. 82 Street Address (P.O. Box Number is Not Acceptable) 1990 WERST NEW HAVEN AVE., SUITE 104 83 **MELBOURNE FL 32904** City Zip Code 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.1 TITLE WUANSCH, LAWRENCE W 1.2 NAME NAME 1002 SPRINGFIELD CT STREET ADDRESS 1.3 STREET ADDRESS

ROCKLEDGE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition STETTLER, RICHARD NAME 2.2 NAME **1026 GREENLEAF CT** STREET ADDRESS 2.3 STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition DUSCHL, D NAME 3.2 NAME 130 GREENLEAF CT STREET ADDRESS 3.3 STREET ADDRESS ROCKLEDGE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE DT 4.1 TITLE NAME KYDD, EDWARD M 4. 2 NAME 1086 SPRINGFIELD CT STREET ADDRESS 4.3 STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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:

Kydd EDWARD M KYDD

FILED

Mar 23 1998 8:00am

Secretary of State