## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 04, 2000 8:00 am Secretary of State DOCUMENT # N96000002901 1. Entity Name AUTUMN PINES HOMEOWNERS ASSOCIATION, INC. 04-04-2000 90039 001 \*\*\*\*61.25 Principal Place of Business Mailing Address 1006 SPRINGFIELD CT 1006 SPRINGFIELD CT ROCKLEDGE FL 32955 ROCKLEDGE FL 32955-4413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3412846 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VAN CATTERTON, A JR. 1990 WERST NEW HAVEN AVE., SUITE 104 MELBOURNE FL 32904 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **VPD** TITLE ☐ Delete TITLE Change ☐ Addition NAME STETTLER, RICHARD STREET ADDRESS STREET ADDRESS 1026 GREENLEAF CT CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL TITLE ☐ Change ☐ Addition TITLE ☐ Delete KYDD, EDWARD M NAME NAME STREET ADDRESS STREET ADDRESS 1006 SPRINGFIELD CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL ☐ Dølete Change ☐ Addition TITLE TITLE NAME Jarrell, R NAME STREET ADDRESS STREET ADDRESS 1008 SPRINGFIELD CT CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL ☐ Addition ☐ Chande TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TOTAL SECURITY OF BUSINESS OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Phone &

12. I 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 report or supplemental 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 10 or Block 11 if