

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 17, 2005 8:00 am**  
**Secretary of State**

06-17-2005 90004 041 \*\*\*\*61.25

DOCUMENT # N 96 00000 290 1

1. Entity Name

AUTUMN PINES HOMEOWNERS ASSOCIATION  
INC



**DO NOT WRITE IN THIS SPACE**

40088556

2. Principal Place of Business

1006 SPRINGFIELD CT

Suite, Apt. #, etc.

3. Mailing Address

1006 SPRINGFIELD CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ROCKLEDGE FL

City & State

ROCKLEDGE FL

4. FEI Number

59-34-12846

Applied For

Not Applicable

Zip

32955

Country

BREVARD

Zip

32955

Country

BREVARD

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name VAN CATTERTON A. JR.

Street Address (P.O. Box Number is Not Acceptable)

1990 WEST NEW HAVEN AVE SUITE 104

City

MELBOURNE

FL

Zip Code

32904

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPD  
STETTLER, RICHARD  
1026 GREENLEAF CT.  
ROCKLEDGE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DT  
EDWARD M KYDD  
1006 SPRINGFIELD CT  
ROCKLEDGE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
JARRELL, R.  
1006 SPRINGFIELD CT  
ROCKLEDGE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TRES D  
LAWRENCE W. WJENSEN  
1002 SPRINGFIELD CT  
ROCKLEDGE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward M Kydd

6/14/05 321-631-6894

CR2E037B (12/02)