## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 19, 2007 08:00 AM DOCUMENT # N96000002901 1. Entity Namo **Secretary of State** AUTUMN PINES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1006 SPRINGFIELD COURT ROCKLEDGE FL 32955 1006 SPRINGFIELD COURT ROCKLEDGE FL 32955 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & Stato City & Stato 4. FEI Number Applied For 59-3412846 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAN CATTERTON, A JR. Street Address (P.O. Box Number is Not Acceptable) 1990 WERST NEW HAVEN AVE., SUITE 104 MELBOURNE FL 32904 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. THE VPD TITLE Change ☐ Addition Delete U00000642614 NAME STETTLER, RICHARD NAME 03/01/07-80051-009 61.25 STREET ADDRESS STREET ADDRESS 1026 GREENLEAF CT CITY-ST-7IP CITY-ST-ZIP ROCKLEDGE FL IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME KYDD, EDWARD M NAME STREET ADDRESS STREET ADDRESS 1006 SPRINGFIELD CITY+ST-ZIP CITY-SI-ZIP ROCKLEDGE FL MIE Delete TITLE ☐ Change ☐ Addition NAME NAME JARRELL, R STREET ADDRESS STREET ADORESS 1008 SPRINGFIELD CT CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME WUENSCH, LAWRENCE STREET ADDRESS STREET ADDRESS 1002 SPRINGFIELD CT CITY+ST-7IP CITY-ST-7/P **ROCKLEDGE FL 32955** Deleie IIILE ☐ Change Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME. NAME STRUET ADDRESS STREET ADDRESS CITY-SE-ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing doos not qualify for the exemptions contained in Section 119, 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 eath; 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

2/1.5/0-7

321-631-6894