


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000002901 1. Entity Name AUTUMN PINES HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business 1006 SPRINGFIELD COURT ROCKLEDGE, FL 32955 US			Mailing Address 1006 SPRINGFIELD COURT ROCKLEDGE, FL 32955 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-3412846		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
VAN CATTERTON, A JR. 1990 WERST NEW HAVEN AVE., SUITE 104 MELBOURNE, FL 32904				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STETTLER, RICHARD			NAME		
STREET ADDRESS	1026 GREENLEAF CT			STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL			CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KYDD, EDWARD M			NAME		
STREET ADDRESS	1006 SPRINGFIELD			STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JARRELL, R			NAME		
STREET ADDRESS	1008 SPRINGFIELD CT			STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL			CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WUENSCH, LAWRENCE			NAME		
STREET ADDRESS	1002 SPRINGFIELD CT			STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: Edward M Kydd SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				EDWARD M KYDD Date		
				3/3/08 321-631-6894 Daytime Phone #		



02282008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3412846

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

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

City

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

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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

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CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE: Edward M Kydd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD M KYDD
Date

3/3/08 321-631-6894
Daytime Phone #