

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002901

FILED
Apr 02, 2009
Secretary of State

Entity Name: AUTUMN PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1006 SPRINGFIELD COURT
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

1006 SPRINGFIELD COURT
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 59-3412846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN CATTERTON, A JR.
1990 WERST NEW HAVEN AVE., SUITE 104
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

VAN CATTERTON, A JR.
1990 WEST NEW HAVEN AVE., SUITE 104
MELBOURNE, FL 32904 US

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:

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: STETTLER, RICHARD
Address: 1026 GREENLEAF CT
City-St-Zip: ROCKLEDGE, FL

Title: DT () Delete
Name: KYDD, EDWARD M
Address: 1006 SPRINGFIELD
City-St-Zip: ROCKLEDGE, FL

Title: D () Delete
Name: JARRELL, R
Address: 1008 SPRINGFIELD CT
City-St-Zip: ROCKLEDGE, FL

Title: P () Delete
Name: WUENSCH, LAWRENCE
Address: 1002 SPRINGFIELD CT
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD M. KYDD

DT

04/02/2009

Electronic Signature of Signing Officer or Director

Date