

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90094 012 ****61.25

DOCUMENT # N97000002033 1. Entity Name AUTUMN WOODS COMMUNITY ASSOCIATION, INC.			
Principal Place of Business C/O SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DR., STE 206 NAPLES, FL 34103 US		Mailing Address C/O SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DR., STE 206 NAPLES, FL 34103 US	
2. Principal Place of Business - No P.O. Box # Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907 Zip: Country:		3. Mailing Address Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907	
4. FEI Number 65-0785764		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01282008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent WILLIAMS, STEVE 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name: HAYDEN, KEN Street #: 8359 Beacon Blvd. Suite 213 City: Ft. Myers, FL 33907 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. SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE: 4-11-08			
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	
TITLE: P NAME: SILVERS, DARYL STREET ADDRESS: 7063 SUGAR MAGNOLIA CIRCLE CITY-ST-ZIP: NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE: P NAME: Judy Congrove STREET ADDRESS: 6719 Old Banyan Way CITY-ST-ZIP: Naples FL 34109	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
TITLE: VP NAME: DEPERI, CHARLES E STREET ADDRESS: 7062 SUGAR MAGNOLIA CIRCLE CITY-ST-ZIP: NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE: VP NAME: Michael Herrera STREET ADDRESS: 6680 Mangrove Way CITY-ST-ZIP: Naples FL 34109	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
TITLE: S NAME: DINGERDISSEN, LOU STREET ADDRESS: 6557 CHESTNUT CIRCLE CITY-ST-ZIP: NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE: S NAME: Bruce Williams STREET ADDRESS: 7025 Sugar Magnolia Cir CITY-ST-ZIP: Naples FL 34109	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
TITLE: TD NAME: GERDEL, RONALD C STREET ADDRESS: 7117 SUGAR MAGNOLIA CIRCLE CITY-ST-ZIP: NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE: T NAME: Landon Miller STREET ADDRESS: 7110 Sugar Magnolia Cir CITY-ST-ZIP: Naples FL 34109	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
TITLE: D NAME: DONOFRIO, JAN STREET ADDRESS: 6756 SOUTHERN OAK CT CITY-ST-ZIP: NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE: D NAME: Tom Dinan STREET ADDRESS: 7058 Sugar Magnolia Cir CITY-ST-ZIP: Naples FL 34109	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: PM NAME: Ken Hayden STREET ADDRESS: 8359 Beacon Blvd, Suite 213 CITY-ST-ZIP: Ft Myers, FL 33907	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4-11-08 Daytime Phone #:			