

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002033

FILED
Apr 27, 2010
Secretary of State

Entity Name: AUTUMN WOODS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O COMPASS GROUP
3701 TAMIAMI TRAIL N, 3RD FLOOR
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

C/O COMPASS GROUP
3701 TAMIAMI TRAIL N, 3RD FLOOR
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0785764 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COMPASS GROUP
3701 TAMIAMI TRAIL N, 3RD FLOOR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T
Name: CONGROVE, JUDY
Address: 6719 OLD BANYAN WAY
City-St-Zip: NAPLES, FL 34109

Title: P
Name: DINAN, THOMAS
Address: 7058 SUGAR MAGNOLIA COURT
City-St-Zip: NAPLES, FL 34109

Title: S
Name: BROWN, JAMES
Address: 6526 AUTUMN WOODS BLVD
City-St-Zip: NAPLES, FL 34109

Title: VP
Name: WILLIAMS, BRUCE
Address: 7025 SUGAR MAGNOLIA COURT
City-St-Zip: NAPLES, FL 34109

Title: D
Name: CAROZZA, ARLENE
Address: 6611 CHESTNUT CIRCLE
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: JUDY CONGROVE

T

04/27/2010

Electronic Signature of Signing Officer or Director

Date