## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 740732** 

Entity Name: AUTUMN WOODS HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 08, 2023
Secretary of State
5980764042CC

## **Current Principal Place of Business:**

3109 HARVEST MOON DRIVE PALM HARBOR. FL 34683

## **Current Mailing Address:**

P.O. BOX 1712

PALM HARBOR, FL 34682 US

FEI Number: 59-1853262 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

RONAYNE, THERESA 3109 HARVEST MOON DRIVE PALM HARBOR, FL 34683 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: THERESA RONAYNE 03/08/2023

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title VICE PRESIDENT

Name RONAYNE, THERESA Name HELLER, STEVE ANN

Address 3109 HARVEST MOON DRIVE Address 3117 HARVEST MOON DRIVE

City-State-Zip: PALM HARBOR FL 34683 City-State-Zip: PALM HARBOR FL 34683

 Title
 TREASURER
 Title
 SECRETARY

 Name
 FOGARTY, JAMES
 Name
 LAFRENZ, JILL

Address 2849 BRIARWOOD LANE Address 3089 HARVEST MOON DRIVE City-State-Zip: PALM HARBOR FL 34683 City-State-Zip: PALM HARBOR FL 34683

TitleDIRECTORTitleDIRECTORNameROBERTS, BOBNameLEECH, DAVID

Address 3246 AUTUMN DRIVE Address 2872 BRIARWOOD LANE
City-State-Zip: PALM HARBOR FL 34683 City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR

Name STAPPERT, CLAUDIA

Address 3077 HARVEST MOON DRIVE City-State-Zip: PALM HARBOR FL 34683

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: JILL LAFRENZ SECRETARY 03/08/2023

Date