

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740732

Entity Name: AUTUMN WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3181 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: Yes

Name and Address of Current Registered Agent:

BRYCE, TIM
3181 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: TIM BRYCE

01/07/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name APA, KAREN
Address 3074 AUTUMN, DRIVE
City-State-Zip: PALM HARBOR FL 34683

Title VICE PRESIDENT
Name RINKER, MARY ANN
Address 3068 AUTUMN DRIVE
City-State-Zip: PALM HARBOR FL 34683

Title TREASURER
Name OMANOFF, BILL
Address 3063 AUTUMN DRIVE
City-State-Zip: PALM HARBOR FL 34683

Title SECRETARY
Name BRYCE, TIM
Address 3181 HARVEST MOON DRIVE
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name RONAYNE, THERESA
Address 3109 HARVEST MOON DRIVE
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name SHARKEY, JERROLD
Address 3100 MEADOW VIEW LANE
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name SHARKEY, JUNE
Address 3100 MEADOW VIEW LANE
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name PLIHAL, NICOLE
Address 1631 POND VIEW COURT
City-State-Zip: PALM HARBOR FL 34683

Continues on page 2

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: TIM BRYCE

SECRETARY

01/07/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LINDBERG, DAVID
Address 3145 MEADOW VIEW LANE
City-State-Zip: PALM HARBOR FL 34683