

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740732

Entity Name: AUTUMN WOODS HOMEOWNERS' ASSOCIATION, INC.

FILED
Jan 22, 2016
Secretary of State
CC5265292360

Current Principal Place of Business:

720 BROOKER CREEK BLVD
#206
OLDSMAR, FL 34677

Current Mailing Address:

720 BROOKER CREEK BLVD
#206
OLDSMAR, FL 34677

FEI Number: 59-1853262

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCANNAVINO, INC.
720 BROOKER CREEK BLVD
SUITE 206
OLDSMAR, FL 34677 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: DOMINICK SCANNAVINO

01/22/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name APA, KAREN
Address 720 BROOKER CREEK BLVD
#206
City-State-Zip: OLDSMAR FL 34677

Title VD
Name PALEY, STEVEN
Address 720 BROOKER CREEK BLVD
#206
City-State-Zip: OLDSMAR FL 34677

Title STD
Name DOWNEY, LISA
Address 720 BROOKER CREEK BLVD
#206
City-State-Zip: OLDSMAR FL 34677

Title D
Name SOLO, DENNIS
Address 720 BROOKER CREEK BLVD
#206
City-State-Zip: OLDSMAR FL 34677

Title D
Name MILLER, FRANK
Address 720 BROOKER CREEK BLVD
SUITE 206
City-State-Zip: OLDSMAR FL 34677

Title D
Name KAMINSKY, STUART
Address 720 BROOKER CREEK BLVD
#206
City-State-Zip: OLDSMAR FL 34677

Title D
Name DALY, LISA
Address 720 BROOKER CREEK BLVD
#206
City-State-Zip: OLDSMAR FL 34677

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: KAREN APA

PRESIDENT

01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date