

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740732

**Entity Name:** AUTUMN WOODS HOMEOWNERS' ASSOCIATION, INC.

**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

02/18/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VICE PRESIDENT  
Name            HELLER, STEVE  
Address        3117 HARVEST MOON DRIVE  
City-State-Zip: PALM HARBOR FL 34683

Title            TREASURER  
Name            FOGARTY, JAMES  
Address        2849 BRIARWOOD LANE  
City-State-Zip: PALM HARBOR FL 34683

Title            SECRETARY  
Name            LAFRENZ, JILL  
Address        3089 HARVEST MOON DRIVE  
City-State-Zip: PALM HARBOR FL 34683

Title            DIRECTOR  
Name            FOGARTY, CHRISTOPHER  
Address        1650 POND VIEW COURT  
City-State-Zip: PALM HARBOR FL 34683

Title            DIRECTOR  
Name            LEECH, DAVID  
Address        2872 BRIARWOOD LANE  
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**

02/18/2024

Electronic Signature of Signing Officer/Director Detail

Date