

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90174 039 \*\*\*\*61.25

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **754246**

1. Corporation Name

**PLANTATION AUGUSTA VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

899 WOODBRIDGE DR  
VENICE FL 34293  
US

Mailing Address

899 WOODBRIDGE DR  
VENICE FL 34293  
US



|                                |                     |  |
|--------------------------------|---------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified  |
| 21                             | 26                  | 09/19/1980   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number  |
| 22                             | 27                  | 59-2168850   |
| City & State                   | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23                             | 28                  |  |
| Zip                            | Zip                 | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |
| 24                             | 29                  | Trust Fund Contribution  |
| Country                        | Country             | 30   |

9. Name and Address of Current Registered Agent

~~DOUGLASS, JESSICA E~~  
899 WOODBRIDGE DR  
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name Jessica Douglas - Advanced Mgmt. Inc  
82 Street Address (P.O. Box Number is Not Acceptable) 899 Woodbridge Dr.  
83  
84 City Venice FL 85 Zip Code 34293

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of Section 617.0503, Florida Statutes.

SIGNATURE Jessica E. Douglas, Agent - Jessica E. Douglas DATE 3/24/99

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | D <input type="checkbox"/> DELETE              | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | LANGMAID, DOUGLAS                              | 1.2 NAME  |  |
| STREET ADDRESS             | 106 WEXFORD CT                                 | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | VENICE FL 3429                                 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VPD <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MARKLE, GENE                                   | 2.2 NAME  |  |
| STREET ADDRESS             | 250 CERROMAR WAY SO                            | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | VENICE FL 34293                                | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | ATD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | STREBINGER, PETER C.                           | 3.2 NAME  |  |
| STREET ADDRESS             | 127 WEXFORD WAY                                | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | VENICE FL                                      | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD <input type="checkbox"/> DELETE             | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MEIER, MARY JANE                               | 4.2 NAME  |  |
| STREET ADDRESS             | 272 CERROMAR WAY SOUTH                         | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | VENICE FL                                      | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PD <input type="checkbox"/> DELETE             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ADAMS, HOWARD J                                | 5.2 NAME  |  |
| STREET ADDRESS             | 314 WETFOED TERR                               | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | VENICE FL 34293                                | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or my attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)