

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90470 047 ****61.25

DOCUMENT # 757486 1. Entity Name AUGUSTA COURT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2681 AIRPORT RD S. C-101 NAPLES, FL 34112 US			Mailing Address 5757 GAGE LANE NAPLES, FL 34113 US		
2. Principal Place of Business 40 Resort Management Suite, Apt. #, etc. 24085 Horseshoe Dr. S. #215 City & State Naples, FL Zip 34104 Country USA		3. Mailing Address 40 Resort Management Suite, Apt. #, etc. 24085 Horseshoe Dr. S. #215 City & State Naples, FL Zip 34104 Country USA			
4. FEI Number 59-2262308		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOANIDES, JOHN C 2681 AIRPORT RD S. C-101 NAPLES, FL 34112			7. Name and Address of New Registered Agent Name <u>Betty Leader</u> Street Address (P.O. Box Number is Not Acceptable) <u>5725 GAGE LN #E104</u> City <u>NAPLES</u> FL Zip Code <u>34113</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Betty J. Leader</u> DATE <u>4/25/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	DP NELSON, RONALD 5773 GAGE LANE #202 NAPLES, FL 34113	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DVP BREWER, GEORGE 5741 GAGE LANE #301 NAPLES, FL 34113	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DS DREXELIUS, JOAN 5725 GAGE LANE #202 NAPLES, FL 34113	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DT MONTEROSSE, JOHN 5709 GAGE LANE #103 NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	DT Ron Hawkes 5709 Gage Lane # F. 204 Naples, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DV John Fanning 5773 Gage Lane #B.302 Naples, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D John T. McDonald 5709 Gage Lane # F. 202 Naples, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D Betty Leader 5725 Gage Lane #E.104 Naples, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Ronald C. Nelson</u> DATE <u>4/25/06</u> DAYTIME PHONE # <u>293-8167</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					