

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757486

FILED
Apr 14, 2009
Secretary of State

Entity Name: AUGUSTA COURT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH #215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH #215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2262308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKES, RON
5709-F204 GAGE LANE
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NELSON, RONALD
Address: 5773-B202 GAGE LANE
City-St-Zip: NAPLES, FL 34113

Title: S () Delete
Name: KILBURG, MAXINE
Address: 5757-C203 GAGE LANE
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: DREXELIUS, JOAN
Address: 5725-E202 GAGE LANE
City-St-Zip: NAPLES, FL 34113

Title: DT () Delete
Name: HAWKES, RON
Address: 5709-F204 GAGE LANE
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: FANNING, JOHN
Address: 5773-B302 GAGE LANE
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: MCDONALD, JOHN T
Address: 5709-E202 GAGE LANE
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KILBURG, MAXINE
Address: 575-C203 GAGE LANE
City-St-Zip: NAPLES, FL 34113

Title: S (X) Change () Addition
Name: FANNING, JOHN
Address: 5725-E202 GAGE LANE
City-St-Zip: NAPLES, FL 34113

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CAMMET, WALTER
Address: 14 PORTER TERRACE
City-St-Zip: BEVERLY, MA 01915

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RON HAWKES

T

04/14/2009

Electronic Signature of Signing Officer or Director

Date