

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759861 (8)
1. Corporation Name
AUGUSTA WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
R&P MANAGEMENT ASSOC.
265 AIRPORT ROAD S.
NAPLES FL 33942
US
C/O R & P MANAGEMENT ASSOCIATE
265 S. AIRPORT ROAD
NAPLES FL 33942

3. Date Incorporated or Qualified **09/01/1981** 3a. Date of Last Report **04/26/1995**
4. FEI Number **59-2168240** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

R&P MANAGEMENT ASSOCIATES
265 AIRPORT ROAD SOUTH
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZURLINDEN, ROBERT	
STREET ADDRESS	5841 RATTLESNAKE HAMMOCK #U-201	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOVINO, RALPH	
STREET ADDRESS	5809 RATTLESNAKE HAMMOCK, #U-104	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VAIL, ALMA	
STREET ADDRESS	5809 RATTLESNAKE HAMMOCK #U-106	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROWN, T. J.	
STREET ADDRESS	58 N. COLLIER BLVD #2	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SKONIECZNY, DAVE	
STREET ADDRESS	5857 RATTLE SNAKE HAMMOCK #105	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOE HAJDUCKY
2.3 STREET ADDRESS	5825 RATTLESNAKE HAMMOCK #202
2.4 CITY-ST-ZIP	NAPLES FL 33962
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROGER MAHIEU
3.3 STREET ADDRESS	5809 RATTLESNAKE HAMMOCK #202
3.4 CITY-ST-ZIP	NAPLES FL 33962
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T.J. BROWN
4.3 STREET ADDRESS	58 N. COLLIER BLVD #201
4.4 CITY-ST-ZIP	MARCO ISLAND FL 33937
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *Ralph Lovino* *T.J. Brown* **4/24/96** **941/643-3353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deponent Phone #

CR2E037 (12/95)