

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**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  
USC/O R & P MANAGEMENT ASSOCIATE  
265 S. AIRPORT ROAD  
NAPLES FL 34104-35183. Date Incorporated or Qualified  
**09/01/1981**3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2168240**

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ZURLINDEN, ROBERT	
STREET ADDRESS	5841 RATTLESNAKE HAMMOCK #U-201	
CITY-ST-ZIP	NAPLES FL	

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CASEY, MARIANNE	
1.3 STREET ADDRESS	5809 RATTLESNAKE HAMMOCK RD	
1.4 CITY-ST-ZIP	NAPLES FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOE HALDUCKY	
STREET ADDRESS	5825 RATTLESNAKE HAMMOCK #202	
CITY-ST-ZIP	NAPLES FL	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Raposa, John	
2.3 STREET ADDRESS	5809 RATTLESNAKE HAMMOCK RD	
2.4 CITY-ST-ZIP	NAPLES FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROGER MAHIEU	
STREET ADDRESS	5809 RATTLESNAKE HAMMOCK #202	
CITY-ST-ZIP	NAPLES FL	

3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHNSON, RALPH	
3.3 STREET ADDRESS	5809 RATTLESNAKE HAMMOCK RD	
3.4 CITY-ST-ZIP	NAPLES FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, T. J	
STREET ADDRESS	58 N COLLIER BLVD #201	
CITY-ST-ZIP	MARCO ISLAND FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SKONIECZNY, DAVE	
STREET ADDRESS	5857 RATTLE SNAKE HAMMOCK #105	
CITY-ST-ZIP	NAPLES FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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 on an attachment with an address.

SIGNATURE:

*Joseph Halducky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

Date

Daytime Phone # 0090089

CR2E037 (9/96)