

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-23-1999 90273 039 ****61.25

DOCUMENT # 759861

1. Corporation Name

AUGUSTA WOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

R&P MANAGEMENT ASSOC.
265 AIRPORT ROAD S.
NAPLES FL 39942-
US

Mailing Address

C/O R & P MANAGEMENT ASSOCIATE
265 S. AIRPORT ROAD
NAPLES FL 39942-



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34104 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 34104 Country

3. Date Incorporated or Qualified

09/01/1981

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

9. Name and Address of Current Registered Agent

R&P MANAGEMENT ASSOCIATES
265 AIRPORT ROAD SOUTH
NAPLES FL 39942-

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 34104

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/95

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TD
STREET ADDRESS CASEY, MARIANNE
CITY-ST-ZIP 5809 RATTLESNAKE HAMMOCK RD.
NAPLES FL

TITLE ☐ DELETE
NAME PD
STREET ADDRESS JOE HALDUCKY
CITY-ST-ZIP 5825 RATTLESNAKE HAMMOCK #202
NAPLES FL

TITLE ☒ DELETE
NAME VD
STREET ADDRESS RAPOSA, JOHN
CITY-ST-ZIP 5809 RATTLESNAKE HAMMOCK RD.
NAPLES FL

TITLE ☐ DELETE
NAME VD
STREET ADDRESS IOUINA, RALPH
CITY-ST-ZIP 5809 RATTLESNAKE HAMMOCK RD.
NAPLES FL

TITLE ☒ DELETE
NAME SD
STREET ADDRESS BROWN, T J
CITY-ST-ZIP 58 N CULLIAN BLVD
MARCO ISLAND FL 34145

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME James Clarkson
1.3 STREET ADDRESS 153 Muirfield Circle
1.4 CITY-ST-ZIP Naples FL 34113

2.1 TITLE B ☒ Change ☐ Addition
2.2 NAME Joe Halducky
2.3 STREET ADDRESS 5825 RATTLESNAKE HAMMOCK #202
2.4 CITY-ST-ZIP Naples FL 34113

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME MARY ANNA CASEY
3.3 STREET ADDRESS 1740 Royal Circle
3.4 CITY-ST-ZIP Naples FL 34112

4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME BRUCE MARLEY
4.3 STREET ADDRESS 5825 RATTLESNAKE HAMMOCK RD
4.4 CITY-ST-ZIP Naples FL 34113

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99 (941) 793-1381
Date Daytime Phone #

CR2E037 (1/98)