## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED DOCUMENT # 759861 May 16, 2000 8:00 am 1. Entity Name Secretary of State AUGUSTA WOODS CONDOMINIUM ASSOCIATION, INC. 05-16-2000 90183 014 \*\*\*\*61.25 Principal Place of Business Mailing Address R&P MANAGEMENT ASSOC. C/O R & P MANAGEMENT ASSOCIATE 265 S. AIRPORT ROAD 265 AIRPORT ROAD S. NAPLES FL 34104-3518 NAPLES FL 34104 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State ' 59-2168240 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name Street Address (P.O. Box Number is Not Acceptable) **R&P MANAGEMENT ASSOCIATES** 265 AIRPORT ROAD SOUTH NAPLES FL 33942 Zip Code City 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. SIGNATURE DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change ☐ Addition TITLE TITLE ☐ Delete CASEY, MARIANNE NAME NAME STREET ADDRESS 5809 RATTLESMAN HAMMOCK RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Addition ☐ Change Delete TITLE TITLE Gordon, Steven 5825 Rattiesnake Hammock Rd # 203 HALDUCKY, JOE NAME NAME -5825 RATTLESNAKE HAMMOCK #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Nuples, FL 34113 NAPLES FL 34113 PD X Delete TITLE TITLE Rossi, Theresa CLARKSON, JAMES NAME NAME 5825 Rattesnake Hammock Pd # 104 STREET ADDRESS STREET ADDRESS 153 MUIRFIELD CIRCLE CITY-ST-ZIP Maples, FL CITY-ST-7P NAPLES FL 34113 ☐ Change Addition **VD** Delete TITLE TITLE Brown, T. J. 58 N. Collier BIND # 201 IOUINA, RALPH NAME NAME STREET ADDRESS STREET ADDRESS 5809 RATTLESNAKE HAMMOCK RD. Marco Island, FL 34145 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Addition TITLE ☐ Delete Markey, Bruce 5825 Rattlesnalle Hammock Rd # 207 MARKEY, BRUCE NAME NAME 5825 RATTLESNAKE HAMMOCK RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MARCO ISLAND FL 34113 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 his report as required by Chapter 917, Florida Statutes; and that my name appears in Block 10 or Block 11 if