2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#759861

Entity Name: AUGUSTA WOODS CONDOMINIUM ASSOCIATION, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: R&P MANAGEMENT ASSOC. 265 AIRPORT ROAD S. NAPLES FL 34104 **New Mailing Address: Current Mailing Address:** C/O R & P MANAGEMENT ASSOCIATE 265 S. AIRPORT ROAD NAPLES, FL 34104 FEI Number: 59-2168240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: R&P MANAGEMENT ASSOCIATES 265 AIRPORT ROAD SOUTH NAPLES, FL 33942 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CASEY, MARIANNE Name: CASEY, FRED Name: 5683 GREENWOOD CR. Address: 5683 GREENWOOD CR. Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113 Title: VD () Delete Title: () Change () Addition BERGERON, RAY Name: Name: Address: 1574-B TRAFELGAR LANE Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: () Delete Title: () Change () Addition ROSSI, THERESA Name: Name: 5825 RATTLESNAKE HAMMOCK RD 104 Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: BROWN, T J Name: MUELLER, DARLA 5841 RH RD #106 Address: 58 N COLLIER BV 201 Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: NAPLES, FL 34113 Title: () Delete Title: (X) Change () Addition MARKEY, BRUCE MAHIEU, ROGER Name: Name: 5825 RATTLESNAKE HAMMOCK RD 207 5809 RATTLESNAKE ROAD Address: Address: City-St-Zip: MARCO ISLAND, FL 34113 City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROGERT MAHIEU PD 04/30/2002