



NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90032 002 ****61.25

DOCUMENT # 759861 1. Entity Name AUGUSTA WOODS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business R&P PROPERTY MGMT 265 AIRPORT ROAD S. NAPLES FL 34104 US			Mailing Address C/O R&P PROPERTY MGMT 265 S. AIRPORT ROAD NAPLES FL 34104		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2168240	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPINNAKER CAY MANAGEMENT, INC 490 CAPE MARCO ROAD ATTN: OFFICE MARCO ISLAND FL 34145				7. Name and Address of New Registered Agent Name SPINNAKER CAY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 601 ELK CREEK CIRCLE UNIT B-7 City MARCO ISLAND FL 34145	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE TONY ANDRADE / SPINNAKER CAY MGMT. CO. <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE AUGUST 20, 2007 <small>DATE</small>	
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE MD P <input type="checkbox"/> Delete NAME IOVINO, RALPH STREET ADDRESS 5809 RATTLESNAKE HAMMOCK RD #104 CITY-ST-ZIP NAPLES FL 34113			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ST <input type="checkbox"/> Delete NAME MUELLER, DARLA STREET ADDRESS 5841 RATTLESNAKE HAMMOCK RAD, # 106 CITY-ST-ZIP NAPLES FL 34113			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE AT <input checked="" type="checkbox"/> Delete NAME BROWN, I. J. STREET ADDRESS 58 N COLLIER BLVD, # 201 CITY-ST-ZIP MARCO ISLAND FL 34145			TITLE AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME NAOMI SCHURTZ STREET ADDRESS 5809 RATTLESNAKE HAMMOCK RD. # 106 CITY-ST-ZIP NAPLES, FLORIDA 34113		
TITLE D <input checked="" type="checkbox"/> Delete NAME GRIMES, MARY STREET ADDRESS 5857 RATTLESNAKE HAMMOCK RD #201 CITY-ST-ZIP NAPLES FL 34113			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME HOPE YERRINGTON STREET ADDRESS 5835 RATTLESNAKE HAMMOCK RD. #204 CITY-ST-ZIP NAPLES, FLORIDA 34113		
TITLE P <input checked="" type="checkbox"/> Delete NAME ZALUSKY, DICK STREET ADDRESS 156 LADY PALM DR CITY-ST-ZIP NAPLES FL 34104			TITLE V P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME FRED BRANNAN STREET ADDRESS 55 HILL STREET #710 CITY-ST-ZIP BELMONT, MA. 02478		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: TONY ANDRADE / SPINNAKER CAY MGMT. CO. (Pres.) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 8-20-07 Daytime Phone # 239-642-8872	