

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90187 038 \*\*\*\*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

60035887



2. Principal Place of Business - No P.O. Box #  
**ANCHOR ASSOCIATES**

3. Mailing Address  
**ANCHOR ASSOCIATES**

Suite, Apt. #, etc.  
**3940 RADIO RD. #111**

Suite, Apt. #, etc.  
**3940 RADIO RD #111**

01302008 Chg-NP CR2E037 (12/06)

City & State  
**NAPLES FLORIDA**

City & State  
**NAPLES FLORIDA**

4. FEI Number  
**59-2168240**

Applied For  
Not Applicable

Zip  
**34104**

Country  
**Collier**

Zip  
**34104**

Country  
**Collier**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPINNAKER CAY MANAGEMENT, INC  
601 ELK LAM CIRCLE UNIT B-7  
MARCO ISLAND, FL 34145

Name  
**ANCHOR ASSOCIATES**

Street Address (P.O. Box Number is Not Acceptable)  
**3940 RADIO RD #111**

City **NAPLES** ~~FL~~ **FL** Zip Code **34104**

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

*Shirley Hingdon*

**4-29-08**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
IOVINO, RALPH  
5809 RATTLESNAKE HAMMOCK RD #104  
NAPLES, FL 34113 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
MAHIEU ROGER  
6420 CASTLELAWN PLACE  
NAPLES FL 34113 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
MUELLER, DARLA  
5841 RATTLESNAKE HAMMOCK RAD, # 106  
NAPLES, FL 34113 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
SCHURTZ, NAOMI  
5809 RATTLESNAKE HAMMOCK RD #108  
NAPLES, FL 34113 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
YERRINGTON, HOPE  
5825 RATTLESNAKE HAMMOCK RD #204  
NAPLES, FL 34113 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DUBENHOEFER JOHN JR  
5841 RATTLE SNAKE HAMMOCK RD 104  
NAPLES FL 34113 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BRANNAN, FRED  
55 HILL STREET #710  
BELMONT, MA 02478 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
5841 RATTLESNAKE HAMMOCK RD #207  
NAPLES FL ~~34104~~ 34113 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Fredrick J. Brannan Jr.*

**April 24, 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #