

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759861

FILED
Mar 25, 2009
Secretary of State

Entity Name: AUGUSTA WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ANCHOR ASSOCIATES
3940 RADIO RD. #111
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

ANCHOR ASSOCIATES
3940 RADIO RD. #111
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2168240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANCHOR ASSOCIATES
3940 RADIO RD #111
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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:

Title: DVP () Delete
Name: MAHIEV, ROGER
Address: 6420 CASTLELA N PLACE
City-St-Zip: NAPLES, FL 34113

Title: DS () Delete
Name: MUELLER, DARLA
Address: 5841 RATTLESNAKE HAMMOCK RAD, # 106
City-St-Zip: NAPLES, FL 34113

Title: DT () Delete
Name: SCHURTZ, NAOMI
Address: 5809 RATTLESNAKE HAMMOCK RD #108
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: YERRINGTON, HOPE
Address: 5825 RATTLESNAKE HAMMOCK RD #204
City-St-Zip: NAPLES, FL 34113

Title: DP () Delete
Name: BRANNAN, FRED
Address: 5841 RATTLESNAKE HAMMOCK RD #207
City-St-Zip: NAPLES, FL 34113

Title: P (X) Delete
Name: DUDENHOEFER, JOHN JR.
Address: 5841 RATTLE SNAKE HAMMOCK RD 104
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: STRUK, ANTHONY J
Address: 5841 RATTLESNAKE HAMMOCK #202
City-St-Zip: NAPLES, FL 34113

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BURKHARD, KLEIN
Address: 535 CENTRAL AVE
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT NEIHEISEL

RA

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date