

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90003 036 ****61.25

DOCUMENT # N00000000425 1. Entity Name VILLAGES ON LAKE AUGUSTA III AT BRECKENRIDGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044		Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044	
2. Principal Place of Business - No P.O. Box # 990 TERRACE CHS, LLC / 18910 TERRACE CHS.		3. Mailing Address 990 TERRACE CHS, LLC / 18910 TERRACE CHS.	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Bonita Springs FL		City & State Bonita Springs FL	
Zip 34135		Zip 34135	
Country USA		Country USA	
4. FEI Number 65-1052016		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 WEST SE 434, STE. 5000 LONGWOOD, FL 32779-5044		7. Name and Address of New Registered Agent Name WEIDNER, RALPH L. Street Address (P.O. Box Number is Not Acceptable) 990 TERRACE CHS, LLC / 18910 TERRACE CHS. Suite 200 City Bonita Springs FL Zip Code 34135	
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 Weidner, Ralph L. Weidner, Ralph L. 2/13/07 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIZZA, TONY 20161-102 IAN CT ESTERO, FL 33928	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILBERT, DON 20151 IAN CT #104 ESTERO, FL 33928	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSS, LARRY 1111 GORHAM CT BEULAH, MI 49617	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BANASZEWSKI, TOM 20151-101 IAN COURT ESTERO, FL 33928	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULTON, CLANCY 20151-102 IAN CT ESTERO, FL 33928	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORM, LINDA 20151 IAN CT #105 ESTERO, FL 33928	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11006 KATIC CT #302 20151 IAN CT ESTERO, FL 33928 P/T/D	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/D	
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: Tom Banasewski <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/13/07 <small>Date</small>	
982-9440 <small>Daytime Phone #</small>		(239)	

ATTACHMENT

40121615

#N00000000425

Director

Ruoff, James

20151 1st Ct. #308
Edgers, FL 33928