

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90316 007 \*\*\*\*61.25

**DOCUMENT # N03000003174**

1. Entity Name  
**AUGUSTA TRACE AT TURTLE CREEK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**4087 US HWY 1 S, STE 3  
ROCKLEDGE, FL 32955**

Mailing Address  
**4087 US HWY 1 S, STE 3  
ROCKLEDGE, FL 32955**

40047894

Principal Place of Business  
**Space Coast Property Management  
Suite, Apt. #, etc.  
645 Classic Ct Suite 104  
Melbourne FL  
32940**

3. Mailing Address  
**Space Coast Property Management  
Suite, Apt. #, etc.  
645 Classic Ct Suite 104  
Melbourne FL  
32940**



02142006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**20-0514106**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SHEAHAN, MICHAEL J  
222 W COMSTOCK AVE, STE 101  
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent  
**Space Coast Property Management  
Street Address (P.O. Box Number is Not Acceptable)  
645 Classic Ct. Suite 104  
Melbourne FL 32940**

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 **[Signature]** **MARK JACKSON** **3/2/2006**  
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, 2006**

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 ANDERSEN, STEWART 4087 US HWY 1 SOUTH STE 3 ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Linda J Mahar</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROWELL, SHAWN 4087 US HWY 1 SOUTH STE 3 ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Steve Sapp</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1831 Admiralty Blvd Rockledge, FL 32955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEWIS, TREVOR 4087 US HWY 1 SOUTH STE 3 ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bruce Trunko</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1991 Admiralty Blvd Rockledge, FL 32955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Linda Mahar</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1910 Admiralty Blvd Rockledge, FL 32955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Linda J Mahar** **4/6/06** **3214332569**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #