

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90049 045 ****61.25

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|--|--|--|---|
| DOCUMENT # N03000003174 1. Entity Name AUGUSTA TRACE AT TURTLE CREEK HOMEOWNERS ASSOCIATION, INC. | |  | |
| Principal Place of Business C/O SPACE COAST PROP MGMT 645 CLASSIC CT, STE 104 MELBOURNE, FL 32940 | | Mailing Address C/O SPACE COAST PROP MGMT 645 CLASSIC CT, STE 104 MELBOURNE, FL 32940 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 1831 Admiralty Blvd City & State Rockledge, FL Zip 32955 Country USA | | 3. Mailing Address Suite, Apt. #, etc. 1910 Admiralty Blvd City & State Rockledge, FL Zip 32955 Country USA | |
| 6. Name and Address of Current Registered Agent SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC CT, STE 104 MELBOURNE, FL 32940 | | 7. Name and Address of New Registered Agent Name Steve Sapp Street Address (P.O. Box Number is Not Acceptable) 1831 Admiralty Blvd City Rockledge FL Zip Code 32955 | |
| 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 <u>Steve Sapp, P</u> DATE <u>2-13-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | P SAPP, STEVE 1831 ADMIRALTY BLVD ROCKLEDGE, FL 32955 | TITLE | NAME STREET ADDRESS CITY - ST - ZIP |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | VP TIMKO, BRUCE 1991 ADMIRALTY BLVD ROCKLEDGE, FL 32955 | TITLE | VP Mark Harderode 1911 Admiralty Blvd Rockledge, FL 32955 |
| | <input checked="" type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | ST MAHAR, LINDA 1910 ADMIRALTY BLVD ROCKLEDGE, FL 32955 | TITLE | NAME STREET ADDRESS CITY - ST - ZIP |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | TITLE | NAME STREET ADDRESS CITY - ST - ZIP |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | TITLE | NAME STREET ADDRESS CITY - ST - ZIP |
| | <input type="checkbox"/> Delete | | <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: <u>Linda Mahar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 321-433-2569 <small>Date Daytime Phone #</small> | |