

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90055 025 ****61.25

DOCUMENT # N05000003997					
1. Entity Name AUGUSTA LINKS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 333 SOUTH TAMiami TRAIL SUITE 101 VENICE, FL 34285			Mailing Address 333 SOUTH TAMiami TRAIL SUITE 101 VENICE, FL 34285		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2703106	
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		
MILLER, MICHAEL W 333 SOUTH TAMiami TRAIL SUITE 101 VENICE, FL 34285			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD PARRISH, JAYNE E ☐ Delete		TITLE	STD ☐ Change ☒ Addition	
NAME			NAME	Conduff, Cliff	
STREET ADDRESS	333 SOUTH TAMiami TRAIL, SUITE 101		STREET ADDRESS	333 S. Tamiami Trail, Suite 101	
CITY- ST- ZIP	VENICE, FL 34285		CITY- ST- ZIP	Venice, FL 34285	
TITLE	VD MILLER, MICHAEL W ☐ Delete		TITLE		
NAME			NAME		
STREET ADDRESS	333 SOUTH TAMiami TRAIL, SUITE 101		STREET ADDRESS		
CITY- ST- ZIP	VENICE, FL 34285		CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: _____			4/30/07 941-441-1380		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		