

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90054 017 ****61.25

DOCUMENT # N18874

1. Entity Name

AUGUSTA VILLAGE AT SUNTREE, INC.



Principal Place of Business

6939 N WICKHAM ROAD
MELBOURNE FL 32940

Mailing Address

6939 N WICKHAM ROAD
MELBOURNE FL 32940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2847720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, FRANCIS M CPA
6939 N. WICKHAM ROAD
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SMOCK, LEO	
STREET ADDRESS	606 DAWSON DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KELLER, LITA	
STREET ADDRESS	629 DAWSON DR.	
CITY-ST-ZIP	MELBOURNE FL 32540	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FERRIS, SHIRLEY	
STREET ADDRESS	669 GRIFFIN LANE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BLISS, NORRIS A	
STREET ADDRESS	630 DAWSON DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN J. STEWART	
STREET ADDRESS	653 DAWSON DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY T. JULIENAT	
STREET ADDRESS	647 DAWSON DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	DANIEL MILLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	587 DAWSON DR.	
STREET ADDRESS	MELBOURNE FL 32940	
CITY-ST-ZIP		
TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANINE GREAL	
STREET ADDRESS	671 DAWSON DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John J. Stewart Pass.

2/9/05