

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90143 015 ****61.25

DOCUMENT # N43581

1. Entity Name

AUGUSTA AT GOLFVIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

14849 HOLE-IN-ONE CIR
FT MYERS FL 33919-147
US

Mailing Address

14849 HOLE-IN-ONE CIR
FT MYERS FL 33919-147
US

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0343139

Applied For

Not Applicable

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

**CATOE, DENNIS
509 EDISON AVE.
LEHIGH ACRES FL 33936**

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

Dennis CATOE

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-07

**FILE NOW: 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: D ☐ Delete
NAME: HOFINS, MARIE
STREET ADDRESS: 14871 HOLE IN ONE CIRCLE
CITY-STATE-ZIP: FORT MYERS FL 33919

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: VD ☒ Delete
NAME: SAWYER, CURTIS
STREET ADDRESS: 14871 HOLE IN ONE CIR., SW #106
CITY-STATE-ZIP: FT MYERS FL

TITLE: ☐ Change ☒ Addition
NAME: ☐ Change ☒ Addition
STREET ADDRESS: ☐ Change ☒ Addition
CITY-STATE-ZIP: ☐ Change ☒ Addition

TITLE: SD ☒ Delete
NAME: YANACHKO, JOHN
STREET ADDRESS: 14871 HOLE IN ONE CIR., SW #102
CITY-STATE-ZIP: FT MYERS FL

TITLE: ☐ Change ☒ Addition
NAME: ☐ Change ☒ Addition
STREET ADDRESS: ☐ Change ☒ Addition
CITY-STATE-ZIP: ☐ Change ☒ Addition

TITLE: T ☒ Delete
NAME: WELLS, BOW
STREET ADDRESS: 14871 HOLE-IN-ONE CIRCLE #205
CITY-STATE-ZIP: FORT MYERS FL 33919

TITLE: ☐ Change ☒ Addition
NAME: ☐ Change ☒ Addition
STREET ADDRESS: ☐ Change ☒ Addition
CITY-STATE-ZIP: ☐ Change ☒ Addition

TITLE: PP ☐ Delete
NAME: RIZZO, TONY
STREET ADDRESS: 14871 HOLE IN ONE CIR, PH-2
CITY-STATE-ZIP: FT MYERS FL

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Tony Rizzo Pres.

3/2/07

239-489-3808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #