

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43581

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** AUGUSTA AT GOLFVIEW CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

14849 HOLE-IN-ONE CIR  
FT MYERS, FL 33919147 US

**New Principal Place of Business:**

**Current Mailing Address:**

14849 HOLE-IN-ONE CIR  
FT MYERS, FL 33919147 US

**New Mailing Address:**

**FEI Number:** 65-0343139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOFINS, MARIE  
Address: 14871 HOLE IN ONE CIRCLE  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: TOMPKINS, PETE  
Address: 14871 HOLE-IN-ONE CIRCLE #107  
City-St-Zip: FORT MYERS, FL 33919

Title: V ( ) Delete  
Name: COVERT, TED  
Address: 14871 HOLE-IN-ONE CIRCLE #208  
City-St-Zip: FORT MYERS, FL 33919

Title: T ( ) Delete  
Name: HAPLIN, DOLORES  
Address: 14871 HOLE-IN-ONE CIRCLE #309  
City-St-Zip: FORT MYERS, FL 33919

Title: PP ( ) Delete  
Name: RIZZO, TONY  
Address: 14871 HOLE IN ONE CIR, PH-2  
City-St-Zip: FT MYERS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: HOFIUS, MARIE  
Address: 14871 HOLE IN ONE CIRCLE  
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Change ( ) Addition  
Name: ECK, SHIRLEY  
Address: 14871 HOLE-IN-ONE CIRCLE #107  
City-St-Zip: FORT MYERS, FL 33919

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY RIZZO

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date