

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90042 017 \*\*\*\*61.25

<b>DOCUMENT # N95000004286</b>					
<b>1. Entity Name</b> AUGUSTA GREENS CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 888 KINGMAN RD HOMESTEAD, FL 33035 US			<b>Mailing Address</b> 888-A KINGMON RD. HOMESTEAD, FL 33035		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007 Chg-NP CR2E037 (12/06)	
City & State		City & State		<b>4. FEI Number</b> 59-3386255	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SKRLD, INC 201 ALHAMBRA CIRCLE SUITE 1102 MIAMI, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> LATTERNER, PAIGE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> KOCHER, MARLENE
<b>STREET ADDRESS</b> 888 KINGHON RD	<b>CITY-ST-ZIP</b> HOMESTEAD, FL 33035		<b>STREET ADDRESS</b> 888 A Kingman Rd.	<b>CITY-ST-ZIP</b> Homestead, FL 33035	
<b>TITLE</b> VPD	<b>NAME</b> KOCHER, MARLENE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Julio Lago
<b>STREET ADDRESS</b> 888 A KINGMAN RD	<b>CITY-ST-ZIP</b> HOMESTEAD, FL 33035		<b>STREET ADDRESS</b> 888 A Kingman Rd.	<b>CITY-ST-ZIP</b> Homestead, FL 33035	
<b>TITLE</b> STD	<b>NAME</b> POLLOCK, CAROL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Secretary-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Theodore Moszynski
<b>STREET ADDRESS</b> 888 A KINGMAN RD	<b>CITY-ST-ZIP</b> HOMESTEAD, FL 33035		<b>STREET ADDRESS</b> 888 A Kingman Rd.	<b>CITY-ST-ZIP</b> Homestead, FL 33035	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Marlene Kocher</i>			1/9/2007 355-230-1227		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					