

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90351 028 \*\*\*\*61.25

**DOCUMENT # N96000001461**

1. Entity Name  
**VILLAGES ON LAKE AUGUSTA I AT BRECKENRIDGE  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**PEGASUS PROPERTY MGMT  
17595 S TAMiami TRAIL #100  
FORT MYERS, FL 33908 US**

Mailing Address  
**PEGASUS PROPERTY MGMT  
17595 S TAMiami TRAIL #100  
FORT MYERS, FL 33908 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0786518**

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

~~EATON, BARBARA A~~  
**17595 S TAMiami TRAIL #100  
C/O PEGASUS  
FORT MYERS, FL 33908**

Name **GARY MARDEN**  
Street Address (P.O. Box Number is Not Acceptable)  
**90 PEGASUS PROPERTY MANAGEMENT**  
**17595 S TAMiami TRAIL #100**  
City **FORT MYERS** **FL** Zip Code **33908**

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

*Gary Marden*

(NOTE: Registered Agent signature required when reinstating)

4/14/06

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

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 **SD** ☒ Delete  
NAME **NATALIA, KITT**  
STREET ADDRESS **20121-304**  
CITY-ST-ZIP **ESTERO, FL 32928**

TITLE **SD** ☐ Change ☒ Addition  
NAME **BOBBY, JACQUELYN**  
STREET ADDRESS **2011 IAN COURT #303**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **DVP** ☐ Delete  
NAME **HEATER, BARBARA**  
STREET ADDRESS **20121 IAN COURT # 208**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **MIRSBERGER, RALPH**  
STREET ADDRESS **20111 IAN CT 105**  
CITY-ST-ZIP **ESTERO, FL 33908**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☐ Delete  
NAME **HUBAN, MARVIN**  
STREET ADDRESS **20121 IAN COURT # 210**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **JARVIS, DALE**  
STREET ADDRESS **20111 IAN COURT # 310**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **D** ☐ Change ☒ Addition  
NAME **LAVERTU, DONALD**  
STREET ADDRESS **20121 IAN COURT # 110**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **HOBBS, MARGO**  
STREET ADDRESS **20111 IAN COURT # 107**  
CITY-ST-ZIP **ESTERO, FL 33928**

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:

*Margo L Hobbs* **Margo L Hobbs** **4-9-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #