

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 05, 2011
Secretary of State

DOCUMENT# N96000005223

Entity Name: AUGUSTA FALLS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O RESORT MGMT
2685 HORSESHOE DR S #215
NAPLES, FL 34104**New Principal Place of Business:****Current Mailing Address:**C/O RESORT MGMT
2685 HORSESHOE DR S #215
NAPLES, FL 34104**New Mailing Address:****FEI Number:** 59-3464010**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GREUSEL, JAMIE B
1104 N COLLIER BLVD.
MARCO ISLAND, FL 34145 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
Name: ASHER, SHAREN
Address: 1075 AUGUSTA FALLS WAY
City-St-Zip: NAPLES, FL 34119

Title: T
Name: HUDEC, DONALD
Address: 1104 AUGUSTA FALLS WAY
City-St-Zip: NAPLES, FL 34119

Title: P
Name: SURLAS, TIMOTHY
Address: 1087 AUGUSTA FALLS WAY
City-St-Zip: NAPLES, FL 34119

Title: S
Name: TEIXEIRA, SUSAN J
Address: 1095 AUGUSTA FALLS WAY
City-St-Zip: NAPLES, FL 34119

Title: VP
Name: LUCAS, ROLAND
Address: 1079 AUGUSTA FALLS WAY
City-St-Zip: NAPLES, FL 34119

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY SURLAS

P

07/05/2011

Electronic Signature of Signing Officer or Director

Date