2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # N9700003368 1. Entity Name AUGUSTA AT PELICAN MARSH HOMEOWNERS ASSOCIATION, INC.							04-28-2008 90361 014 ****61.25				
Principal Plac %EAGLE PRO 1337 EGRET NAPLES, FL	operty man is landing :	NAGEMENT OF SW FL, IN	IC. PO B	ailing Address O BOX 112260 APLES, FL 34108							
2. Principal Place of Business - No P.O. Box # 3.				ling Address							
Suite, Apt. #, etc.				ite, Apt. #, etc.				hg-NP	CR2E037 (` <u>'</u>	
City & State			Cit	City & State			4. FEI Number 59-345154	12	* ****		plied For Applicable
Zip	Country			Zìp 		untry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
6. Name and Address of Current Register				red Agent Name			7. Name and Address of New Registered Agent				
	ROPERTY ETS LANG	' MANAGEMENT OF DING #102	SW FL.				(P.O. Box Number is	Not Acceptable)		
						City			FL	Zip Code	;
8. The above named antity 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: Signature, typed or plinted harde of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
		ne is \$61.25 May 1, 2008		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Flori	ake check pa Ida Departme	ent of Sta	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OFFICERS AND DI WILLIAM GUSTA DRIVE FL 34109	RECTORS	☐ Delete			ADDITIONS/CHANG	ES TO OFFICER		CTORS IN :	Addition
THTLE NAME STREET ADDRESS CITY-ST-ZIP	DT DEBUHR, 2493 AUG	·#		☐ Delete] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2509 AUG	ARD, GENE GUSTA DRIVE FL 34109		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete) Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete] Change	☐ Addition
indicated of the cor	i on this repor	e information supplied with intor supplemental report in the receiver or trustee emp achment with an address.	is true and powered ter	accurate and that next accurate this report	ny signat as requir	emptions contained ture shall have the red by Chapter 61	d in Chapter 119, Flo same legal effect as 7, Florida Statutes; ar	rida Statutes. I foil if made under or	iurther certify to that I am a appears in Bl	hat the info an officer of lock 10 or l	ormation or director Block 11 if