

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1996 08:00 AM
Secretary of State

DOCUMENT # N04705 (2)

1. Corporation Name

SEAGATE AT ST. AUGUSTINE BEACH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business	Mailing Address
% MAY MANAGEMENT SERVICES 4320 A1A SOUTH ST AUGUSTINE FL 32084 US	% MAY MANAGEMENT SERVICES 4320 A1A SOUTH ST AUGUSTINE FL 32084 US

3. Date Incorporated or Qualified 08/14/1984	3a. Date of Last Report 04/18/1995
4. FEI Number 59-2896469	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAY MANAGEMENT SERVICES, INC. 4320 A1A SOUTH ST. AUGUSTINE FL 32084	81 Name
	82 Street Address (P.O. Box Number Is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS SAUNDERS, MARY <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, MARY	1.2 NAME	
STREET ADDRESS	107 CLAMBAKE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	DV BADYLAK, STEVE <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADYLAK, STEVE	2.2 NAME	President
STREET ADDRESS	222 MAYAN TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	DP MCEACHRON, JACK <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCEACHRON, JACK	3.2 NAME	Director
STREET ADDRESS	206 MAYAN TERRACE	3.3 STREET ADDRESS	Karl Obermaier
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	106 Clambake Court
TITLE	DT HUDSON, BOB <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, BOB	4.2 NAME	St. Augustine FL
STREET ADDRESS	324 MONKA PLACE	4.3 STREET ADDRESS	Vice President
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	
TITLE	D GAZZOLI, JOHN <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAZZOLI, JOHN	5.2 NAME	Treasurer
STREET ADDRESS	55 SETON TRAIL	5.3 STREET ADDRESS	Renate Muffler
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	285 Joey Drive
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Renate J. Muffler, Treasurer* 2/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)