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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04705 (2)

1. Corporation Name
SEAGATE AT ST. AUGUSTINE BEACH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business % MAY MANAGEMENT SERVICES 4320 A1A SOUTH ST AUGUSTINE FL 32084 US	Mailing Address % MAY MANAGEMENT SERVICES 4320 A1A SOUTH ST AUGUSTINE FL 32084-7436 US
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3. Date Incorporated or Qualified 08/14/1984	3a. Date of Last Report 02/26/1996
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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MAY MANAGEMENT SERVICES, INC.
4320 A1A SOUTH
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	SAUNDERS, MARY	
STREET ADDRESS	107 CLAMBAKE CT	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BADYLAK, STEVE	
STREET ADDRESS	222 MAYAN TERRACE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OBERMAIER, KARL	
STREET ADDRESS	106 CLAMBAKE COURT	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, BOB	
STREET ADDRESS	324 MONKA PLACE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MUFFLER, RENATE	
STREET ADDRESS	285 JOEY DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Blankley, Joe
2.3 STREET ADDRESS	222 Joey Dr
2.4 CITY-ST-ZIP	St. Augustine, FL
3.1 TITLE	Director President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Scott, Dick
4.3 STREET ADDRESS	233 Joey Dr
4.4 CITY-ST-ZIP	St. Augustine, FL
5.1 TITLE	Director Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 appointed 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: _____ Date: **March 17, 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0001354

CR2E037 (9/96)