

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 20 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N04705 (2)**

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



|   |  |
|---|--|
| Principal Place of Business<br><b>% MAY MANAGEMENT SERVICES<br/>4320 A1A SOUTH<br/>ST AUGUSTINE FL 32084<br/>US</b> | Mailing Address<br><b>% MAY MANAGEMENT SERVICES<br/>4320 A1A SOUTH<br/>ST AUGUSTINE FL 32084-7436<br/>US</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>08/14/1984</b>   | 3a. Date of Last Report<br><b>02/26/1996</b>           |
| 4. FEI Number<br><b>59-2896469</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 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<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

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)