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**Mar 04, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N04705**

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  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

08/14/1984

4. FEI Number

59-2896469

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SAUNDERS, MARY	
STREET ADDRESS	107 CLAMBAKE CT	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLANKLEY, JOE	
STREET ADDRESS	222 JOEY DRIVE	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	OBERMAIER, KARL	
STREET ADDRESS	106 CLAMBAKE COURT	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, DICK	
STREET ADDRESS	233 JOEY SR	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	TD	<input checked="" 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	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bertacchi, Carol	
1.3 STREET ADDRESS	206 Joey Dr	
1.4 CITY-ST-ZIP	St. Augustine, FL 32084	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hartkemeyer, Duane	
2.3 STREET ADDRESS	109 Marsh Place North	
2.4 CITY-ST-ZIP	St. Augustine FL 32084	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rogers, Jon	
4.3 STREET ADDRESS	220 Mayan Terr	
4.4 CITY-ST-ZIP	St. Augustine, FL 32084	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Badylak, Steve	
5.3 STREET ADDRESS	222 Mayan Terr	
5.4 CITY-ST-ZIP	St. Augustine FL 32084	
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 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 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, with all other like empowered.

SIGNATURE:

*Carol Bertacchi*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)