

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90052 028 ****61.25

DOCUMENT # N04705

1. Entity Name
SEAGATE AT ST. AUGUSTINE BEACH HOMEOWNERS' ASSOC

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 32084-8053 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2896469				Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MAY MANAGEMENT SERVICES, INC. 4320 A1A SOUTH ST. AUGUSTINE FL 32084			7. Name and Address of New Registered Agent	
			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	S	<input type="checkbox"/> Delete		TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERTACCHI, CAROL			NAME			
STREET ADDRESS	206 JOEY DR			STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32084			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARTKEMEYER, DUANE			NAME			
STREET ADDRESS	109 MARSH PLACE NO.			STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32084			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OBERMAIER, KARL			NAME			
STREET ADDRESS	106 CLAMBAKE COURT			STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BADYLAK, STEVE			NAME			
STREET ADDRESS	222 MAYAN TERR			STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL			CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	William Jacobs, S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MUFFLER, RENATE			NAME	221 Vista Court		
STREET ADDRESS	285 JOEY DRIVE			STREET ADDRESS	St. Augustine FL 32084		
CITY-ST-ZIP	ST. AUGUSTINE FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CAROL L. BERTACCHI* - CAROL L. BERTACCHI 1-13-00 904 471-7417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #