

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

DOCUMENT # N95000002460 (2)

EAGLE CREEK OF ST. AUGUSTINE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 780 NORTH PONCE DE LEON BLVD. ST. AUGUSTINE FL 32084
Mailing Address: 780 NORTH PONCE DE LEON BLVD. ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified: 05/23/1995
3a. Date of Last Report

2. Principal Place of Business: 21 *MAY Management Services, Inc. 22 4320 A1A Soute, Ste 2 St. Augustine, FL 32084
2a. Mailing Address: 26 *MAY Management Services, Inc 27 P. O. Box 1509 St. Augustine, FL 32085
4. FEI Number: 59-3346500
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BAILEY, JOHN D JR 780 NORTH PONCE DE LEON BLVD. ST. AUGUSTINE FL 32084
10. Name and Address of New Registered Agent: 81 Name MAY Management Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 4320 A1A South, Suite 2 84 City St. Augustine, FL 85 Zip Code 32084

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] DATE: 2/15/96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE: PD NAME: DARABI, FRANK A STREET ADDRESS: 730 N. WALDO AVE., SUITE A CITY-ST-ZIP: GAINESVILLE FL 32601 | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE: Director, President 1.2 NAME: Harvey DeVane 1.3 STREET ADDRESS: 5980 U.S. 1 North 1.4 CITY-ST-ZIP: St. Augustine, FL 32095 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VD NAME: ANDERSON, GEORGE D STREET ADDRESS: 2500 N. ATLANTIC AVE. CITY-ST-ZIP: DAYTONA BEACH FL 32118 | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE: Dvice President 2.2 NAME: Gene Payne 2.3 STREET ADDRESS: 5980 U.S. 1 North 2.4 CITY-ST-ZIP: St. Augustine, FL 32095 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: STD NAME: CORNELIUS, DAVID O STREET ADDRESS: 1036 U.S. HWY. 1 SOUTH, APT. 327 CITY-ST-ZIP: NORTH PALM BEACH FL 33408 | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE: D, secretary/treasurer 3.2 NAME: George Anderson 3.3 STREET ADDRESS: 2500 N ATLANTIC AVE 3.4 CITY-ST-ZIP: daytona Beach, FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [] NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: [] | <input type="checkbox"/> DELETE | 4.1 TITLE: [] 4.2 NAME: [] 4.3 STREET ADDRESS: [] 4.4 CITY-ST-ZIP: [] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [] NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: [] | <input type="checkbox"/> DELETE | 5.1 TITLE: 700001738117 5.2 NAME: -03/11/96--01005--014 5.3 STREET ADDRESS: ***61.25 5.4 CITY-ST-ZIP: [] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [] NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: [] | <input type="checkbox"/> DELETE | 6.1 TITLE: [] 6.2 NAME: [] 6.3 STREET ADDRESS: [] 6.4 CITY-ST-ZIP: [] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: [Signature] DATE: 2/19/96 DAYTIME PHONE: (904) 823-1400

CR2E037 (12/95)