

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90027 048 ****61.25

0007378

DOCUMENT # N95000002460

1. Entity Name

EAGLE CREEK OF ST. AUGUSTINE HOMEOWNERS' ASSOCIA

Principal Place of Business

Mailing Address

% MAY MANAGEMENT SERVICES, INC
 4320 A1A S. STE. 2
 ST. AUGUSTINE FL 32084

% MAY MANAGEMENT SERVICES, INC
~~4320 A1A S. STE. 2~~ P.O. Box 1509
 ST. AUGUSTINE FL ~~32084~~ 32085



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3346500

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MAY MANAGEMENT SERVICES, INC~~
~~4320 A1A SOUTH, STE-2~~ 5455 A1A South
 ST. AUGUSTINE FL 32084

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DEVANE, HARVEY	
STREET ADDRESS	5980 US 1 NORTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	P	<input type="checkbox"/> Delete
NAME	DARABE, FRANK	
STREET ADDRESS	5980 US 1 NORTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ANDERSON, GEORGE	
STREET ADDRESS	5980 US 1 NORTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CORNELIUS, DAVID	
STREET ADDRESS	5980 US 1 NORTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harvey, Devane	
STREET ADDRESS	5980 US 1 North	
CITY-ST-ZIP	St. Augustine, FL. 32095	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Darabe	
STREET ADDRESS	5980 US 1 North	
CITY-ST-ZIP	St. Augustine, FL. 32095	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Anderson	
STREET ADDRESS	5980 US 1 North	
CITY-ST-ZIP	St. Augustine, FL. 32095	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gene Payne	
STREET ADDRESS	5980 US 1 North	
CITY-ST-ZIP	St. Augustine, FL. 32095	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Mayer	
STREET ADDRESS	505 Pineapple Ave.	
CITY-ST-ZIP	St. Augustine, FL. 32095	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01
 Date

904-823-1400
 Daytime Phone #

CR2E037 (10/00)