

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90383 005 ****61.25

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DOCUMENT # N95000002460

1. Entity Name

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

Principal Place of Business

Mailing Address

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

~~P.O. BOX 1600~~
~~ST. AUGUSTINE FL 32085~~

2. Principal Place of Business

3. Mailing Address

5455 A1A South
 Suite, Apt. #, etc.

5455 A1A South
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

59-3346500

Applied For
 Not Applicable

Zip

32080

Country

US

Zip

32080

Country

US

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~~
~~5455 A1A SOUTH 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

Harvey P. Devane

4/10/02

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	P	<input type="checkbox"/> Delete
NAME	DEVANE, HARVEY	
STREET ADDRESS	5980 US 1 NORTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DARABE, FRANK	
STREET ADDRESS	5980 US 1 NORTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, GEORGE	
STREET ADDRESS	5980 US 1 NORTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PAYNE, GENE	
STREET ADDRESS	5980 US 1 NORTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYER, ROBERT	
STREET ADDRESS	500 PINAPPLE AVENUE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Capp, Henry	
STREET ADDRESS	436 Island View	
CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gibson, Michael	
STREET ADDRESS	400 Island View	
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:

Harvey P. Devane
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 (904) 461-9708
 Date Daytime Phone #

CR2E037 (9/01)