
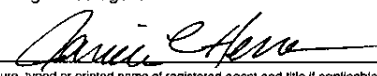
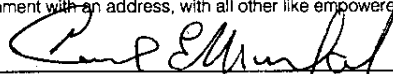


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90551 032 \*\*\*\*61.25

<b>DOCUMENT # N95000002460</b>			
1. Entity Name EAGLE CREEK OF ST. AUGUSTINE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 5455 AIA S ST AUGUSTINE, FL 32080		Mailing Address 5455 AIA S ST AUGUSTINE, FL 32080	
2. Principal Place of Business 79 Masters Drive Suite, Apt. #, etc.		3. Mailing Address 79 Masters Drive Suite, Apt. #, etc.	
City & State St. Augustine FL		City & State St. Augustine FL	
4. FEI Number 59-3346500		Applied For Not Applicable	
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 5455 A1A SOUTH SOUTH ST. AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name: The Neighborhood Managers, Inc Street Address (P.O. Box Number is Not Acceptable): Janice Herren 79 Masters Drive City: St. Augustine FL Zip Code: 32084	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 4/20/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: DEVANE, HARVEY STREET ADDRESS: 5980 US 1 NORTH CITY-ST-ZIP: ST. AUGUSTINE, FL 32095	<input type="checkbox"/> Delete	TITLE: President NAME: Carl Markel STREET ADDRESS: 801 sugarcane Ave CITY-ST-ZIP: St. Augustine FL 32095	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: DARABE, FRANK STREET ADDRESS: 5980 US 1 NORTH CITY-ST-ZIP: ST. AUGUSTINE, FL 32095	<input checked="" type="checkbox"/> Delete	TITLE: Director NAME: Ar Chambers STREET ADDRESS: 501 Coconut Ave CITY-ST-ZIP: St. Augustine FL 32095	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: CAPP, HENRY STREET ADDRESS: 436 ISLAND VIEW CITY-ST-ZIP: ST. AUGUSTINE, FL 32095	<input checked="" type="checkbox"/> Delete	TITLE: Secretary/Treasurer NAME: Tom Bomar STREET ADDRESS: 717 Palm Hammock Circle CITY-ST-ZIP: St. Augustine FL 32095	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: PAYNE, GENE STREET ADDRESS: 5980 US 1 NORTH CITY-ST-ZIP: ST. AUGUSTINE, FL 32095	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GIBSON, MICHAEL STREET ADDRESS: 400 ISLAND VIEW CITY-ST-ZIP: SAINT AUGUSTINE, FL 32095	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 4/22/04 824-3984	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	