## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 16, 2005 8:00 am Secretary of State 02-16-2005 90033 035 \*\*\*\*61.25

## DOCUMENT # N95000002460

1. Entity Name FAGLE CREEK OF ST. AUGUSTINE HOMEOWNERS'



	TION, INC.	TOMEOWNERS					
79 MASTERS DRIVE 79 I		Mailing Address 79 MASTERS DRIVE SAINT AUGUSTINE, FL 32	2084		500	15740	ł
2. Principal Place of Business 3. N		3. Mailing Address					
Suite, Apt, #, etc.		Suite, Apt. #, etc.		01182005 Chg	-NP CR2E	037 (10/03)	
City & State		City & State		4. FEI Number 59-3346500	<u> </u>	<u> </u>	pplied Fu
Zip	Country	Zip	Country	5. Certificate of State		\$8.75 Ad	
	6. Name and Address of Current Re	egistered Agent	<del></del>	7. Name and Addre	ess of New Registere	Fee Require	<u> </u>
T. 15 N.E.10			Name			a rigett	
THE NEIGHBORHOOD MANAGERS, INC JANICE HERREN			Street Addres	s (P.O. Box Number is No	ot Acceptable)		<del></del>
79 MASTERS DRIVE				·			
ST. AUGU	STINE, FL 32084						
			City		F	L Zip Coc	e
the obligat	named entity submits this statement for tions of registered agent.	he purpose of changing its re	gistered office or regis	stered agent, or both, in th	ne State of Florida. I ar	n familiar with	, and acc
SIGNATURE :	Signature, typed or printed name of registered agent and	titile if applicable. (NOTE: F	Registered Agent signature requ	ired when reinstating)	DATE	<u> </u>	
,	Filing Fee is \$61.25 Due by May 1, 2005	eaign Financing	\$5.00 May Be Added to Fees		ck payable t artment of S		
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANGES	S TO OFFICERS AND D	DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVANE, HARVEY 5980 US 1 NORTH ST. AUGUSTINE, FL 32095	<b>∑</b> Delete	STREET ADDRESS GL	oinson, Linda 5 Intracoast Augustine		☐ Change	<b>∫</b> Au
TITLE NAME STREET ADDRESS CHY:ST-ZIP	P MARKLL, CARO 801 SUGARCANE AVE	· 🔀 Delete	TITLE VP				<b>⊠</b> Ad
	,	- · · · · · -	STREET ADDRESS	we Barbara 19 Palm Hammor		☐ Change	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. AUGUSTINE, FL 32095 D CHAMBERS, AL 501 COCONUT AVE ST. AUGUSTINE, FL 32095		STREET ADDRESS - CITY-ST-ZIP - SI TITLE NAME STREET ADDRESS STREET ADDRESS	we Barbara 19 Palm Hammor 1. Angustine, Fl umonn, Klans 10 Coconut	- 32095 Ave.	☐ Change	Ad
NAME STREET ADDRESS	ST. AUGUSTINE, FL 32095 - D CHAMBERS, AL 501 COCONUT AVE	□ Delete □ □ Delete □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	STREET ADDRESS - CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS 188	We Barbara Palm Hammor. Angustine. Fl umonn, Klans o Coconut Angustine Angustine aremon, Dev 3 Merch Isl	32095 Ave. FL 32095 Add CIR		Ad
NAME STREET ADDRESS CITY-ST-ZIP TIFLE HAME STREET ADDRESS	ST. AUGUSTINE, FL 32095  CHAMBERS, AL 501 COCONUT AVE ST. AUGUSTINE, FL 32095  STD BOMAR, TOM 717 PALM HAMMOCK CIRCLE		STREET ADDRESS - CITY-ST-ZIP TITLE NAME STREET ADDRESS	we Barbara Palm Hammor. Angustine. Flumenn. Klans Coconut Angustine Angustine	Ave.  FL 32095  Ave.  FL 32095  And CIR  FL 32095  Mack CIR.	☐ Change	

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 direct 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 changed, or on an attachment with an address, with all other like empowered.