2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N95000002460

Entity Name

EAGLE CREEK OF ST. AUGUSTINE HOMEOWNERS'



FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90333 020 ****61.25

AGGGGIATION, INC.			1		
79 MASTERS DRIVE 79 M		Mailing Address 79 MASTERS DRIV SAINT AUGUSTINE,		·-	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	 .		
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.		02192008 Chg-NP CR2E037 (12/06)	
City & State C		City & State		4. FEI Number Applied For	
Zip Country		Zip	Country	59-3346500 Not Applicable 5 Cartificate of State Declared Sec. \$8.75 Additional	
- 6. Name and Address of Current Regis		Davista and America		5. Certificate of Status Desired Fee Required	
			Name	7. Name and Address of New Registered Agent	
THE NEIGHBORHOOD MANAGERS, INC JANICE HERREN			Street A	Street Address (P.O. Box Number is Not Acceptable)	
	ERS DRIVE ISTINE, FL 32084		<u> </u>		
01.7000	OTHE, TE 02004		City	FL Zip Code	
8. The above	named entity submits this statement for	or the purpose of changing	na its registered office a	registered agent, or both, in the State of Florida. I am familiar with, and accept	
	tions of registered agent.	or the perpendicular growth	,g rog.stor.ou 000 0	registered agent, at out, in the state of vertical painting, that, and descipe	
SIGNATURE					
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered Agent signal	are required when reinstating) DATE	
ı	Filing Fee is \$61.25 Due by May 1, 2008	L	n Campaign Financing und Contribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENNETT, JOHN & KAROLE 733 PALM HAMMOCK CIR ST. AUGUSTINE, FL 32095	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	VP	☐ Delete	TITLE		
NAME STREET ADDRESS	GOSS, MICHAEL 476 ISLAND VIEW CIR		NAME STREET ADDRESS	Goss, Michael 474 Island View Circle	
CITY:ST-ZIP	ST. AUGUSTINE, FL 32095		CITY-ST-ZIP	ST. Augustine, FL 32095	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUMANN, KLAUS 500 COCONUT DRIVE ST. AUGUSTINE, FL 32095	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baumann, Klaus 500 coconut Drive 57. Augustine FL 32095	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIBERT, GARY 317 ISLAND LANDING DR SAINT AUGUSTINE, FL 32095	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEibert, CARY 317 Island Landing Drive 5T. Augustine Fl 32095	
TITLE NAME STREET ADDRESS	D WILLIAMS, LYDIA 249 RIVER ISLAND CIRCLE	Delete	TITLE NAME STREET ADDRESS	D Change Faddition Army Wesp. 744 Palm Hammock	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095	r ·	CITY-ST-ZIP	St. Augustine & 32095	
TITLE NAME, & . STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-08

Daytime Phone #