

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002460

FILED
Apr 24, 2009
Secretary of State

Entity Name: EAGLE CREEK OF ST. AUGUSTINE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

79 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

79 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3346500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE NEIGHBORHOOD MANAGERS, INC
JANICE HERREN
79 MASTERS DRIVE
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENNETT, JOHN & KAROLE
Address: 733 PALM HAMMOCK CIR
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: T () Delete
Name: GOSS, MICHAEL
Address: 476 ISLAND VIEW CIR
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D () Delete
Name: BAUMANN, KLAUS
Address: 500 COCONUT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: VP () Delete
Name: SEIBERT, GARY
Address: 317 ISLAND LANDING DR
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D () Delete
Name: WESP, AMY
Address: 744 PALM HAMMOCK
City-St-Zip: SAINT AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BENNETT, JOHN
Address: 733 PALM HAMMOCK CIR
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D (X) Change () Addition
Name: STROMMER, MARGARET
Address: 421 MANGO CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: STD (X) Change () Addition
Name: BAUMANN, KLAUS
Address: 500 COCONUT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: VPD (X) Change () Addition
Name: SEIBERT, GARY
Address: 317 ISLAND LANDING DR
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BENNETT

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date