

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002460

FILED  
Apr 06, 2010  
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: PD  
Name: AMUN, JON  
Address: 649 INTRACOASTAL CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D  
Name: PERRIN, AMANDA  
Address: 301 ELEUTHERA COURT  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: STD  
Name: HAMLETT, ROB  
Address: 240 ST. THOMAS STREET  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: VPD  
Name: CARROZZA, MARY  
Address: 120 MARSH ISLAND CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D  
Name: CANNING, DONNA  
Address: 801 SUGARCANE AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32095

I hereby 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 all other like empowered.

SIGNATURE: JON AMUN

PD

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date