

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002460

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

461 A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

C/O JACOBS JACOBS & ASSOCIATES, INC.  
461 A1A BEACH BLVD.  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

461 A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

C/O JACOBS JACOBS & ASSOCIATES, INC.  
461 A1A BEACH BLVD.  
SAINT AUGUSTINE, FL 32080

FEI Number: 59-3346500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACOBS, PHILIP  
JACOBS, JACOBS & ASSOCIATES, INC.  
461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

JACOBS, PHILIP H  
JACOBS, JACOBS & ASSOCIATES, INC.  
461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080 US

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: PHILIP H. JACOBS

02/22/2011

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: SELLERS, MICHELLE  
Address: 629 INTRACOASTAL CIRCLE  
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: ST. AUGUSTINE, FL 32095

Title: D  
Name: CANNING, DONNA  
Address: 801 SUGARCANE AVENUE  
City-St-Zip: ST. 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: PHILIP H. JACOBS

RA

02/22/2011

Electronic Signature of Signing Officer or Director

Date