

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90955 012 \*\*\*\*61.25

**DOCUMENT # N95000002460**



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

Principal Place of Business Mailing Address  
**5455 AIA S ST AUGUSTINE FL 32080** **5455 AIA S ST AUGUSTINE FL 32080**

**11020639**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **59-3346500** Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAY MANAGEMENT SERVICES, INC  
5455 A1A SOUTH SOUTH  
ST. AUGUSTINE FL 32084**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | <b>P</b>                        | <input type="checkbox"/> Delete            |
| NAME           | <b>DEVANE, HARVEY</b>           |  |
| STREET ADDRESS | <b>5980 US 1 NORTH</b>          |  |
| CITY-ST-ZIP    | <b>ST. AUGUSTINE FL 32095</b>   |  |
| TITLE          | <b>VP</b>                       | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DARABE, FRANK</b>            |  |
| STREET ADDRESS | <b>5980 US 1 NORTH</b>          |  |
| CITY-ST-ZIP    | <b>ST. AUGUSTINE FL 32095</b>   |  |
| TITLE          | <b>D</b>                        | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CAPP, HENRY</b>              |  |
| STREET ADDRESS | <b>436 ISLAND VIEW</b>          |  |
| CITY-ST-ZIP    | <b>ST. AUGUSTINE FL 32095</b>   |  |
| TITLE          | <b>STD</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>PAYNE, GENE</b>              |  |
| STREET ADDRESS | <b>5980 US 1 NORTH</b>          |  |
| CITY-ST-ZIP    | <b>ST. AUGUSTINE FL 32095</b>   |  |
| TITLE          | <b>D</b>                        | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>GIBSON, MICHAEL</b>          |  |
| STREET ADDRESS | <b>400 ISLAND VIEW</b>          |  |
| CITY-ST-ZIP    | <b>SAINT AUGUSTINE FL 32095</b> |  |
| TITLE          |                                 | <input type="checkbox"/> Delete            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>D</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Devane, Harvey</b>          |  |
| STREET ADDRESS | <b>5980 US 1 North</b>         |  |
| CITY-ST-ZIP    | <b>St. Augustine, FL 32095</b> |  |
| TITLE          | <b>VPD</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>markel, Carl</b>            |  |
| STREET ADDRESS | <b>801 Sugar cane Avenue</b>   |  |
| CITY-ST-ZIP    | <b>St. Augustine, FL 32095</b> |  |
| TITLE          | <b>STD</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Bomas, Tom</b>              |  |
| STREET ADDRESS | <b>301 Brazil Drive</b>        |  |
| CITY-ST-ZIP    | <b>St. Augustine, FL 32095</b> |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>Frederick, Karen</b>        |  |
| STREET ADDRESS | <b>221 St. Thomas Street</b>   |  |
| CITY-ST-ZIP    | <b>St. Augustine, FL 32095</b> |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |

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 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]*

4-25-03 904/8242000

CR2E037 (10/02)