

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04705

**Entity Name:** SEAGATE AT ST. AUGUSTINE BEACH HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 10, 2020**  
**Secretary of State**  
**5858982564CC**

**Current Principal Place of Business:**

461 A1A BEACH BLVD  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

461 A1A BEACH BLVD  
ST. AUGUSTINE, FL 32080 US

**FEI Number: 59-2896469**

**Certificate of Status Desired: No**

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

SOVEREIGN & JACOBS PROPERTY MANAGEMENT  
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:** ELLEN LUMPKIN

03/10/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name MAZZUCA, DOM  
Address 461 A1A BEACH BLVD  
City-State-Zip: ST. AUGUSTINE FL 32080

Title T  
Name REGISTER, BUDDY  
Address 461 A1A BEACH BLVD  
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR  
Name HELFINSTINE, TIM  
Address 461 A1A BEACH BLVD  
City-State-Zip: ST. AUGUSTINE FL 32080

Title P  
Name KLATER, DAVE  
Address 461 A1A BEACH BLVD  
City-State-Zip: ST. AUGUSTINE FL 32080

Title VP  
Name LONDON, DAVID  
Address 461 A1A BEACH BLVD  
City-State-Zip: ST. AUGUSTINE FL 32080

*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:** DAVE KLATER

**PRESIDENT**

03/10/2020

Electronic Signature of Signing Officer/Director Detail

Date