

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04705

**FILED**  
**Jan 31, 2014**  
**Secretary of State**  
**CC8788520410**

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

**Current Principal Place of Business:**

461 A1A BEACH BLVD  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

SOVEREIGN & JACOBS  
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:**

LUMPKIN, ELLEN  
SOVEREIGN & JACOBS  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name RUTZLER, JIM  
Address 228 JOEY DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title T  
Name REGISTER, BUDDY  
Address PO BOX 550577  
City-State-Zip: JACKSONVILLE FL 32255

Title S  
Name HUTMACHER, TED  
Address 103 MARSH PLACE NORTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title P  
Name KLATER, DAVE  
Address 231 JOEY DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title V  
Name BATWINIS, CAROLYN  
Address 238 JOEY DRIVE  
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**

**01/31/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date