# 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: ROB HAMLETT

Electronic Signature of Signing	Officer/Director Detail
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### DOCUMENT# N9500002460

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

# Current Principal Place of Business:

461 A1A BEACH BLVD. C/O SOVEREIGN-JACOBS SAINT AUGUSTINE, FL 32080

#### **Current Mailing Address:**

461 A1A BEACH BLVD. C/O SOVEREIGN-JACOBS SAINT AUGUSTINE, FL 32080

### FEI Number: 59-3346500

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

LUMPKIN, ELLEN C/O 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

#### Officer/Director Detail :

Title	VP	Title	ST		
Name	AMUN, JON	Name	SELLERS, MICHELLE		
Address	649 INTRACOASTAL CIRCLE	Address	629 INTRACOASTAL CIRCLE		
City-State-Zip:	ST. AUGUSTINE FL 32095	City-State-Zip:	ST. AUGUSTINE FL 32095		
Title	PD	Title	D		
Title Name	PD HAMLETT, ROB	Title Name	D CANNING, DONNA		
			-		
Name	HAMLETT, ROB	Name	CANNING, DONNA		

LETT	PRESIDENT	01/15/2013

Certificate of Status Desired: No

# FILED Jan 15, 2013 Secretary of State CC1401777784

Date