

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002460

FILED
Jan 07, 2015
Secretary of State
CC5836506141

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

Certificate of Status Desired: No

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

Date

Officer/Director Detail :

Title VP
Name AMUN, JON
Address 649 INTRACOASTAL CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32095

Title ST
Name SELLERS, MICHELLE
Address 629 INTRACOASTAL CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32095

Title PD
Name HAMLETT, ROB
Address 240 ST. THOMAS STREET
City-State-Zip: ST. AUGUSTINE FL 32095

Title D
Name CANNING, DONNA
Address 801 SUGARCANE AVENUE
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR
Name WOODS, TIM
Address 512 ST. CROIX STREET
City-State-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: ROB HAMLETT

PRESIDENT

01/07/2015

Electronic Signature of Signing Officer/Director Detail

Date