

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002460

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**7782200223CC**

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

**Current Principal Place of Business:**

461 A1A BEACH BLVD.  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

461 A1A BEACH BLVD.  
SAINT AUGUSTINE, FL 32080 US

**FEI Number: 59-3346500**

**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**

**02/12/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title SECRETARY, TREASURER  
Name SHEREMETA, STEVEN  
Address 461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title PRESIDENT  
Name HAMLETT, ROB  
Address 461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

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

Title DIRECTOR  
Name WOOD, TIM  
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: ROB HAMLETT**

**PRESIDENT**

**02/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date