

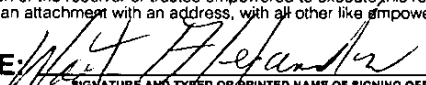


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90088 022 ****61.25

DOCUMENT # N04705 1. Entity Name SEAGATE AT ST. AUGUSTINE BEACH HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 461 A1A BEACH BLVD JACOBS JACOBSON ASSO. ST AUGUSTINE, FL 32080 US			Mailing Address 461 A1A BEACH BLVD JACOBS JACOBSON ASSO. ST AUGUSTINE, FL 32080 US		
2. Principal Place of Business - No P.O. Box # 461 A1A Beach Blvd		3. Mailing Address 461 A1A Beach Blvd			
Suite, Apt. #, etc. To Jacobs, Jacobs & Assoc		Suite, Apt. #, etc. To Jacobs, Jacobs & Assoc		07032007 Chg-NP CR2E037 (12/06)	
City & State St Augustine, FL		City & State St Augustine, FL		4. FEI Number 59-2896469	
Zip 32080		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBS, PHILLIP C/O JACOBS, JACOBS, & ASSOC. INC 461 A1A BEACH BLVD ST. AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	50	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSEL, JACK JR		NAME	Ted Nutmacher	
STREET ADDRESS	205 MARSH PLACE SO		STREET ADDRESS	103 Marsh Place N	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	St Augustine, FL 32080	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTACCHI, CAROL		NAME		
STREET ADDRESS	206 JOEY DR		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORKOWSKI, DIANE		NAME	Rutler, James	
STREET ADDRESS	241 JOEY DR.		STREET ADDRESS	228 JOEY DR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	St Augustine, FL 32080	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, WALT		NAME	Alexander, Walt	
STREET ADDRESS	216 MYAU TERRACE		STREET ADDRESS	216 MYAU TERR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP	St Augustine, FL 32080	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGISTER, S.W.		NAME		
STREET ADDRESS	POB 55057		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32255		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 			Date 7/9/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					