

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04705

FILED
Jan 29, 2009
Secretary of State

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

Current Principal Place of Business:

461 A1A BEACH BLVD
JACOBS JACOBSON ASSO.
ST AUGUSTINE, FL 32080 US

New Principal Place of Business:

461 A1A BEACH BLVD
JACOBS JACOBS & ASSO.
ST AUGUSTINE, FL 32080 US

Current Mailing Address:

461 A1A BEACH BLVD
JACOBS JACOBSON ASSO.
ST AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-2896469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, PHILLIP
C/O JACOBS, JACOBS, & ASSOC. INC
461 A1A BEACH BLVD
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HUTMACHER, TED
Address: 103 MARSH PLACE N.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T () Delete
Name: BERTACCHI, CAROL
Address: 206 JOEY DR
City-St-Zip: ST AUGUSTINE, FL 32080

Title: S () Delete
Name: RUTZLER, JAMES
Address: 228 JOEY DR
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P () Delete
Name: ALEXANDER, WALT
Address: 216 MYAU TERRACE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: JACOBS, WILLIAM
Address: 221 VISTA COAST
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HUTMACHER, TED
Address: 103 MARSH PLACE N.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RUTZLER, JAMES
Address: 228 JOEY DR
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P (X) Change () Addition
Name: ALEXANDER, WALT
Address: 216 MAYAN TERRACE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D (X) Change () Addition
Name: JACOBS, WILLIAM
Address: 221 VISTA COURT
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALT ALEXANDER

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date