


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90046 023 \*\*\*\*61.25

<b>DOCUMENT # N99000004288</b>	
1. Entity Name <b>LIONS GATE HOMEOWNERS ASSOCIATION OF ST. AUGUSTINE, INC.</b>	

Principal Place of Business <b>5455 A1A SOUTH ST. AUGUSTINE, FL 32080</b>	Mailing Address <b>5455 A1A SOUTH ST. AUGUSTINE, FL 32080</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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**MARKS, ANNIE**  
~~**40 MAY MANAGEMENT**~~  
**5455 A1A SOUTH**  
**ST. AUGUSTINE, FL 32080**

Name **May Management Svcs Inc Annie Marks**  
Street Address (P.O. Box Number is Not Acceptable)  
**5455 A1A South**  
City **Saint Augustine** FL Zip Code **32080**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>PARTNER, BRUCE</b>	
STREET ADDRESS	<b>225 LIONS GATE DR.</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32080</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>GOEDHART, ALBERT</b>	
STREET ADDRESS	<b>209 LIONSGATE DRIVE</b>	
CITY-ST-ZIP	<b>SAINT AUGUSTINE, FL 32084</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>DOWIE, DONI</b>	
STREET ADDRESS	<b>217 LIONS GATE DR</b>	
CITY-ST-ZIP	<b>SAINT AUGUSTINE, FL 32080</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>UPCHURCH, BETTY</b>	
STREET ADDRESS	<b>166 LIONS GATE DR.</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32080</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>TERRY, MARILYN</b>	
STREET ADDRESS	<b>169 LIONS GATE DR.</b>	
CITY-ST-ZIP	<b>SAINT AUGUSTINE, FL 32080</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robin D'Neil Director</b>	
STREET ADDRESS	<b>254 Lion's Gate Pr.</b>	
CITY-ST-ZIP	<b>St. Augustine, FL 32080</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Leanna Ducharme, Secretary</b>	
STREET ADDRESS	<b>190 Lions Gate Dr</b>	
CITY-ST-ZIP	<b>St. Augustine, FL 32080</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-07**

Date

Daytime Phone #