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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11750 (9)**

1. Corporation Name
EAGLE CREEK COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
**% ROBERT-MEISTER
ONE EAGLE CREEK DR.
NAPLES FL 33962**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/25/1985** 3a. Date of Last Report **04/07/1994**
4. FEI Number **59-2610651** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **% DAVID J. AMICO** 26 **% DAVID J. AMICO**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MEISTER, ROBERT P., JR.
ONE EAGLE CREEK DR.
NAPLES FL 33962**

10. Name and Address of New Registered Agent
81 Name **DAVID J. AMICO**
82 Street Address (P.O. Box Number is Not Acceptable) **ONE EAGLE CREEK DRIVE**
83
84 City **NAPLES** FL 85 Zip Code **33962**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *David J. Amico* DATE **3/28/95**
Signature, typed or printed name of registered agent and date of appointment (NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS
TITLE **PD**
NAME **MEISTER, ROBERT JR.**
STREET ADDRESS **ONE EAGLE CREEK DR.**
CITY - ST - ZIP **NAPLES FL**
TITLE **STD**
NAME **AMICO, DAVID**
STREET ADDRESS **ONE EAGLE CREEK DRIVE**
CITY - ST - ZIP **NAPLES FL**
TITLE **D**
NAME **SCHMIDT, EVELYN**
STREET ADDRESS **449 CRESTWOOD LANE**
CITY - ST - ZIP **NAPLES FL**
TITLE **D**
NAME **SCHWAGER, HANSPETER**
STREET ADDRESS **ONE EAGLE CREEK DR**
CITY - ST - ZIP **NAPLES FL**
TITLE **VD**
NAME **OWEN, WILLIAM**
STREET ADDRESS **784 EAGLE CREEK DR #204**
CITY - ST - ZIP **NAPLES FL**
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **P, S/T, D** Change Addition
1.2 NAME **DAVID J. AMICO**
1.3 STREET ADDRESS **ONE EAGLE CREEK DRIVE**
1.4 CITY - ST - ZIP **NAPLES, FL 33962**
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME **D**
6.3 STREET ADDRESS **HANSJORG STEINEMANN**
6.4 CITY - ST - ZIP **ONE EAGLE CREEK DRIVE
NAPLES, FL 33962**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David J. Amico* DATE **3/29/95** (813) 795-7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR