


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90364 016 ****70.00

DOCUMENT # N11750

1. Entity Name
EAGLE CREEK COMMUNITY ASSOCIATION, INC.



Principal Place of Business
~~2340 STANFORD COURT~~
 NAPLES, FL 34112 US

Mailing Address
 2340 STANFORD COURT
 NAPLES, FL 34112 US



2. Principal Place of Business
12709 TAMiami TRAIL EAST

3. Mailing Address
12709 TAMiami TRAIL EAST

Suite, Apt. #, etc.

02102004 Chg-NP CR2E037 (10/03)

City & State
NAPLES FLORIDA

City & State
NAPLES FLORIDA

Zip
34113

Country
USA

4. FEI Number
59-2610651

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~AMICO, DAVID J.~~
~~2340 STANFORD COURT~~
 NAPLES, FL ~~34112~~
34113

TOMPKINS, KEITH
12709 TAMiami TRAIL EAST

7. Name and Address of New Registered Agent

Name
12709 TAMiami TRAIL E.

Street Address (P.O. Box Number is Not Acceptable)

City
NAPLES

State
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: *Keith Tompkins* **Keith Tompkins** **4/27/04**

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, 2004

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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	AMICO, DAVID J.	
STREET ADDRESS	2340 STANFORD COURT	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIPPS, HERBERT	
STREET ADDRESS	2340 STANFORD COURT 12709 TAMiami TRAIL E.	
CITY-ST-ZIP	NAPLES, FL 34112 34113	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	RUDE, CARL	
STREET ADDRESS	18 CYPRESS VIEW DRIVE	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWAGER, HANSPETER	
STREET ADDRESS	2340 STANFORD COURT 12709 TAMiami TRAIL E.	
CITY-ST-ZIP	NAPLES, FL 34112 34113	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUTHERFORD, RONALD	
STREET ADDRESS	5150 TAMiami TRAIL N #204	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINEMANN, HANSJORG	
STREET ADDRESS	2340 STANFORD COURT 12709 TAMiami TRAIL E.	
CITY-ST-ZIP	NAPLES, FL 34112 34113	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" 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 exemption stated in Section 119.07(3)(i), 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 IKA empowered.

SIGNATURE: *Carl A Rude* **Carl A Rude** **4/22/04** **239-793-1643**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CARL A. RUDE