


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90258 030 ****61.25

DOCUMENT # N11750					
1. Entity Name EAGLE CREEK COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 12709 TAMiami TRAIL EAST NAPLES, FL 34113 US			Mailing Address 12709 TAMiami TRAIL EAST NAPLES, FL 34113 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2610651	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TOMPKINS, KEITH 12709 TAMiami TRAIL EAST NAPLES, FL 34113			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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIPPS, HERBERT		NAME		
STREET ADDRESS	12709 TAMiami TRAIL EAST		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUDE, CARL		NAME		
STREET ADDRESS	18 CYPRESS VIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWAGER, HANSPETER		NAME		
STREET ADDRESS	12709 TAMiami TRAIL EAST		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUTHERFORD, RONALD		NAME		
STREET ADDRESS	12709 TAMiami TRAIL EAST		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINEMANN, HANSJORG		NAME	MARTIN WEISS	
STREET ADDRESS	12709 TAMiami TRAIL EAST		STREET ADDRESS	105 CYPRESS VIEW DR.	
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP	NAPLES, FL 34113	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DAVID PLUMMER	
STREET ADDRESS			STREET ADDRESS	529 EAGLE CREEK DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34113	
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: _____			4/30/06 2397931643		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		