

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90028 024 ****61.25



DOCUMENT # N11750		1. Entity Name	
EAGLE CREEK COMMUNITY ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
12276 12709 TAMIAMI TRAIL EAST NAPLES FL 34113 US		12776 12709 TAMIAMI TRAIL EAST NAPLES FL 34113 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PLATINUM PROP. MGMT. TOMPKINS, KEITH 12709 TAMIAMI TRAIL EAST 12276 TAMIAMI NAPLES FL 34113 TRAIL 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 _____			



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2610651 Applied For
Not Applicable

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	NAME: LIPPS, HERBERT STREET ADDRESS: 12709 TAMIAMI TRAIL EAST CITY-ST-ZIP: NAPLES FL 34113	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: Richard DOWLING STREET ADDRESS: 770 WATERFORD DR #201 CITY-ST-ZIP: NAPLES FL 34113
TITLE: P	NAME: SCHWAGER, HANSPETER STREET ADDRESS: 12709 TAMIAMI TRAIL EAST CITY-ST-ZIP: NAPLES FL 34113	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: John CARMANY STREET ADDRESS: 531 COMORANT COVE CITY-ST-ZIP: NAPLES FL 34113
TITLE: D	NAME: WEISS, MARTIN STREET ADDRESS: 105 CYPRESS VIEW DR CITY-ST-ZIP: NAPLES FL 34113	<input type="checkbox"/> Delete	TITLE: S NAME: Jim LACKEY STREET ADDRESS: 513 EAGLE CREEK DR. CITY-ST-ZIP: NAPLES FL 34113
TITLE: D	NAME: STEINEMANN, HANSJORG STREET ADDRESS: 12709 TAMIAMI TRAIL EAST CITY-ST-ZIP: NAPLES FL 34113	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: DON STACK STREET ADDRESS: 108 CYPRESS VIEW DR. CITY-ST-ZIP: NAPLES FL 34113
TITLE: D	NAME: PLUMMEZ, DAVID STREET ADDRESS: 529 EAGLE CREEK DR CITY-ST-ZIP: NAPLES FL 34113	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ 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 Section 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: *John Carmany* 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #