


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N11750 1. Entity Name EAGLE CREEK COMMUNITY ASSOCIATION, INC.		
Principal Place of Business 12276 TAMiami TRAIL EAST NAPLES, FL 34113 US		Mailing Address 12276 TAMiami TRAIL EAST NAPLES, FL 34113 US
2. Principal Place of Business - No P.O. Box # 12276 TAMiami TRAIL E		3. Mailing Address 12276 TAMiami TRAIL E
Suite, Apt. #, etc. #501		Suite, Apt. #, etc. #501
City & State NAPLES FL		City & State NAPLES FL
Zip 34113	Country US	Zip 34113
		Country US
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 PLATINUM PROP. MGMT 12276 TAMiami TRAIL, SUITE 501 NAPLES, FL 34113		7. Name and Address of New Registered Agent Name PLATINUM PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 12276 TAMiami TRAIL EAST #501 City NAPLES FL Zip Code 34113
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 <u><i>Ann E. Berger</i></u> DATE <u>9/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	T DOWLING, RICHARD 770 WATERFORD DR #201 NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARMANY, JOHN 531 COMORANT COVE NAPLES, FL 34113 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, MARTIN 105 CYPRESS VIEW DR NAPLES, FL 34113 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LACKEY, JIM 513 EAGLE CREEK DR. NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STACK, DON E. DONALD 108 CYPRESS VIEW DR NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 life empowered.		
SIGNATURE: <u><i>Ed Donald Stack</i></u>		Date <u>9-24-07</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>

FILED
07 SEP 27 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09062007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 Name **PLATINUM PROPERTY MANAGEMENT**
 Street Address (P.O. Box Number is Not Acceptable)
12276 TAMiami TRAIL EAST #501
 City **NAPLES FL** Zip Code **34113**

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 *Ann E. Berger* DATE 9/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 Make check payable to Florida Department of State

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P CARMANY, JOHN 531 COMORANT COVE NAPLES, FL 34113 <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 SIGNATURE: *Ed Donald Stack* Date 9-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #