



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90193 025 \*\*\*\*61.25

<b>DOCUMENT # N11750</b>					
1. Entity Name <b>EAGLE CREEK COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>12272 12276 TAMiami TRAIL EAST</b> <b>#501 #403</b> <b>NAPLES, FL 34113 US</b>		Mailing Address <b>12272 12276 TAMiami TRAIL EAST</b> <b>#501 #403</b> <b>NAPLES, FL 34113 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05012008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2610651</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PLATINUM PROPERTY MANAGEMENT</b> <b>12272 12276 TAMiami TRAIL EAST</b> <b>#501 #403</b> <b>NAPLES, FL 34113</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOWLING, RICHARD		NAME		
STREET ADDRESS	770 WATERFORD DR #201		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LACKEY, JIM		NAME		
STREET ADDRESS	513 EAGLE CREEK DR.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STACK, E. DONALD		NAME		
STREET ADDRESS	108 CYPRESS VIEW DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MICHAEL MORRISSEY</b>		NAME		
STREET ADDRESS	<b>12272 TAMiami TR. #403</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34113</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RANDY VANALSTINE</b>		NAME		
STREET ADDRESS	<b>12272 TAMiami TR. #403</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34113</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RONALD RUECKER</b>		NAME		
STREET ADDRESS	<b>12272 TAMiami TR. #403</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34113</b>		CITY-ST-ZIP		
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: <u>E. Donald Stack</u>			Date: <u>4/30/08</u> Daytime Phone #: <u>239-774-5966</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		