

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11750** (9)
1. Corporation Name
EAGLE CREEK COMMUNITY ASSOCIATION, INC.



Principal Place of Business % AMICO, DAVID J. ONE EAGLE CREEK DR. NAPLES FL 33962 US		Mailing Address % AMICO, DAVID J. ONE EAGLE CREEK DR. NAPLES FL 33962 US	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
3. Date Incorporated or Qualified 10/25/1985		3a. Date of Last Report 04/24/1995	
4. FEI Number 59-2610651		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AMICO, DAVID J. ONE EAGLE CREEK DRIVE NAPLES FL 33962		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **DAVID J. AMICO, PRESIDENT** DATE **4-12-96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMICO, DAVID J.	1.2 NAME	
STREET ADDRESS	ONE EAGLE CREEK DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMICO, DAVID	2.2 NAME	
STREET ADDRESS	ONE EAGLE CREEK DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, EVELYN	3.2 NAME	D
STREET ADDRESS	449 CRESTWOOD LANE	3.3 STREET ADDRESS	ODDI, FRANK
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	140 CYPRESS VIEW DRIVE
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWAGER, HANSPETER	4.2 NAME	
STREET ADDRESS	ONE EAGLE CREEK DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	4.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, WILLIAM	5.2 NAME	VD
STREET ADDRESS	784 EAGLE CREEK DR #204	5.3 STREET ADDRESS	SHERWOOD, IRVING
CITY - ST - ZIP	NAPLES FL	5.4 CITY - ST - ZIP	44 CYPRESS VIEW DRIVE
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINEMANN, HANSJORG	6.2 NAME	
STREET ADDRESS	ONE EAGLE CREEK DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David J. Amico* **DAVID J. AMICO** DATE **4-12-96** DAYTIME PHONE **941-775-2227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)