Entity Name: EAGLE CREEK COMMUNITY ASSOCIATION, INC.

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

C/O AMERICAN PROPERTY MANAGEMENT SVSC 8825 TAMIAMI TRAIL EAST NAPLES, FL 34113

Current Mailing Address:

DOCUMENT# N11750

C/O AMERICAN PROPERTY MANAGEMENT SVSC 8825 TAMIAMI TRAIL EAST NAPLES, FL 34113 US

FEI Number: 59-2610651

Name and Address of Current Registered Agent:

C/O AMERICAN PROPERTY MANAGEMENT SVSC. 8825 TAMIAMI TRAIL EAST NAPLES, FL 34113 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Office//Direc	LIOI Delali .		
Title	PRESIDENT	Title	TREASURER
Name	VANALSTINE, RANDOLPH DR.	Name	HARTLEY, GERALD F.
Address	404 CRESTWOOD LANE	Address	720 WATERFORD DRIVE # 201
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34113
Title	VP	Title	SECRETARY
Name	SEARWAY, SCOTT	Name	SMITH, MARY ANN
Address	45 GREY WING POINTE		·
City-State-Zip:	NAPLES FL 34113	Address	542 CORMORANT COVE
, ,		City-State-Zip:	NAPLES FL 34113
Title	DIRECTOR	Title	DIRECTOR
Name	BRINKMOELLER, GEORGE	Name	COOPER, ALLAN
Address	750 WATERFORD DRIVE # 104	Address	131 CYPRESS VIEW DR
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34113
Title	DIRECTOR	Title	DIRECTOR
Name	FEDOR, LARRY	Name	JONES, MICHELLE
Address	18 CYPRESS VIEW DR	Address	101 CYPRESS VIEW DR
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34113

Continues on page 2

PRESIDENT

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RANDOLPH VANALSTINE

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	NERNEY, JOSEPH	Name	RUECKER, RONALD DR.
Address	770 EAGL CREEK DRIVE # 303	Address	782 EAGLE CREEK DRIVE # 303
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34113
Title	DIRECTOR	Title	DIRECTOR
Name	SCHARENBERG, LYLE	Name	DELLANDREA, LYNE
Address City-State-Zip:	1 GREY WING POINTE NAPLES FL 34113	Address	780 WATERFORD DRIVE #201
		City-State-Zip:	NAPLES FL 34113
Title Name	DIRECTOR SOUKUP, ROBERT	Title	DIRECTOR
		Name	ZAHAND, JERRY
Address	76 CYPRESS VIEW DRIVE	Address	752 EAGLE CREEK DRIVE
City-State-Zip:	NAPLES FL 34113		# 302
		City-State-Zip:	NAPLES FL 34113