Entity Name: EAGLE CREEK COMMUNITY ASSOCIATION, INC.

2014 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:

MISERANDINO ORTIZ, ORLANDO C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC 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:	ORLANDO MISERANDINO ORTIZ				
	Electronic Signature of Registered Agent			Date	
Officer/Direct	tor Detail :				
Title	PRESIDENT	Title	TREASURER		
Name	VANALSTINE, RANDOLPH DR.	Name	HARTLEY, GERALD F.		
Address	586 EAGLE CREEK DRIVE	Address	720 WATERFORD DRIVE # 201		
City-State-Zip: I	NAPLES FL 34113	City-State-Zip:	-		
Title	SECRETARY	Title	DIRECTOR		
Name	SMITH, MARY ANN	Name	BRINKMOELLER, GEORGE		
Address	542 CORMORANT COVE	Address	750 WATERFORD DRIVE		
City-State-Zip:	NAPLES FL 34113	Address	# 104		
Title	DIRECTOR	City-State-Zip:	NAPLES FL 34113		
		Title	DIRECTOR		
		Name	FEDOR, LARRY		
	767 EAGLE CREEK DRIVE	Address	18 CYPRESS VIEW DR		
City-State-Zip: I	NAPLES FL 34113				
Title	DIRECTOR	City-State-Zip:	NAPLES FL 34113		
Name	JONES, MICHELLE	Title	DIRECTOR		
Address	101 CYPRESS VIEW DR	Name	ANDER, PAUL		
City-State-Zip:	NAPLES FL 34113	Address	770 EAGLE CREEK DRIVE # 302		
		City-State-Zip:	NAPLES FL 34113		

Continues on page 2

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	PD	04/25/2014

Electronic Signature of Signing Officer/Director Detail

FILED Apr 25, 2014 Secretary of State CC8375675268

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	RUECKER, RONALD DR.	Name	SCHARENBERG, LYLE
Address	782 EAGLE CREEK DRIVE	Address	1 GREY WING POINTE
City-State-Zip:	# 303 NAPLES FL 34113	City-State-Zip:	NAPLES FL 34113
T:41-		Title	DIRECTOR
Title		Name	SOUKUP, ROBERT
Name		Address	76 CYPRESS VIEW DRIVE
Address	780 WATERFORD DRIVE #201	City-State-Zip:	NAPLES FL 34113
City-State-Zip:	NAPLES FL 34113		
Title	DIRECTOR		
Name	ZAHAND, JERRY		
Address	752 EAGLE CREEK DRIVE # 302		
0.1 01010 7.0			

City-State-Zip: NAPLES FL 34113