

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11750

FILED
Apr 18, 2018
Secretary of State
CC1353352035

Entity Name: EAGLE CREEK COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-2610651

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMERICAN PROPERTY MANAGEMENT SERVICES, LLC
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

04/18/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ASSISTANT TREASURER, ASST. TREASURER
Name HARTLEY, GERALD F.
Address C/O AMERICAN PROPERTY MANAGEMENT SVSC
8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title TREASURER
Name BRINKMOELLER, GEORGE
Address C/O AMERICAN PROPERTY MANAGEMENT SVSC
8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title DIRECTOR
Name ANDER, PAUL
Address C/O AMERICAN PROPERTY MANAGEMENT SVSC
8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title DIRECTOR
Name PRIMUS, ROGER
Address C/O AMERICAN PROPERTY MANAGEMENT SVSC
8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title PRESIDENT
Name OWEN, WILLIAM LEE JR.
Address C/O AMERICAN PROPERTY MANAGEMENT SVSC
8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title DIRECTOR
Name FATONY, JOSEPH
Address C/O AMERICAN PROPERTY MANAGEMENT SVSC
8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title SECRETARY
Name MEEHAN, JAMES
Address C/O AMERICAN PROPERTY MANAGEMENT SVSC
8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

Title VP
Name CLARK, CHARLES
Address C/O AMERICAN PROPERTY MANAGEMENT SVSC
8825 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34113

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: WILLIAM LEE JR. OWEN

PRESIDENT

04/18/2018

