

N11750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

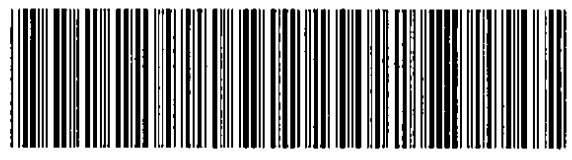
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.
*Received in office
July 1st*

Office Use Only



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04/13/22--01016--013 **35.00

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Clerk of Superior Court

RA Change

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

EAGLE CREEK COMMUNITY
ASSOCIATION, INC.

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

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PAID

Signature _____

Requested by: SETH

06/29

Name

Date

Time

Walk-In _____

Will Pick Up _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Eagle Creek Community Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N11750

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Susan L. Bedyan

Name of Contact Person

Goede, DeBoest & Cross

Firm/Company

6609 Willow Park Drive, Second Floor

Address

Naples, FL 34109

City/State and Zip Code

lbosch@gadclaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan L. Bedyan

Name of Contact Person

at (239) 331-5100

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FILED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Eagle Creek Community Association, Inc.

2. The principal office address: C/o Eagle Creek Community Association, 746 Eagle Creek Drive, Unit 103, Naples, FL 34113

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/25/1985 Document number: N11750

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Karen Kari
746 Eagle Creek Drive, Unit 103
Naples, FL 34113

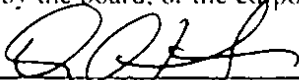
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REGISTERED AGENT

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Goede, DeBoest & Cross, PLLC
6609 Willow Park Drive, Second Floor
Naples, FL 34109
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Drew Krimski, Association President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Lee-Anne Bosch
Signature of Registered Agent

06.30.2022
Date

If signing on behalf of an entity:

Lee-Anne Bosch
Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314