

5-20-98 B 7758 C
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FILED
 May 20 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business Mailing Address

% AMICO, DAVID J.
 ONE EAGLE CREEK DR.
 NAPLES FL 34113
 US

% AMICO, DAVID J.
 ONE EAGLE CREEK DR.
 NAPLES FL 34113
 US

3. Date Incorporated or Qualified
 10/25/1985

4. FEI Number
 59-2610651

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 22 23 24 25 26 27 28 29 30

Suite, Apt. #, etc.
 11 CYPRESS VIEW DRIVE

City & State
 Zip Country
 34113 US

9. Name and Address of Current Registered Agent

AMICO, DAVID J.
 ONE EAGLE CREEK DRIVE
 NAPLES FL 34113

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 11 CYPRESS VIEW DRIVE
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD AMICO, DAVID J. ONE EAGLE CREEK DRIVE NAPLES FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	11 CYPRESS VIEW DRIVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ZIP 34113
TITLE	D LIPPS, HERBERT ONE EAGLE CREEK DR NAPLES FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	11 CYPRESS VIEW DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ZIP 34113
TITLE	D ODDI, FRANK 140 CYPRESS VIEW DRIVE NAPLES FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ZIP 34113
TITLE	D SCHWAGER, HANS PETER ONE EAGLE CREEK DR NAPLES FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	11 CYPRESS VIEW DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ZIP 34113
TITLE	VD SHERWOOD, IRVING 44 CYPRESS VIEW DR NAPLES FL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ZIP 34113
TITLE	D STEINEMANN, HANSJORG ONE EAGLE CREEK DRIVE NAPLES FL	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	11 CYPRESS VIEW DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ZIP 34113

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

CR2E037 (10/97)