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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N11750

1. Corporation Name

EAGLE CREEK COMMUNITY ASSOCIATION, INC.

Principal Place of Business

% AMICO, DAVID J. 11 CYPRESS VIEW DR NAPLES FL 34113 US

Mailing Address

% AMICO, DAVID J. 11 CYPRESS VIEW DR NAPLES FL 34113 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

10/25/1985

4. FEI Number

59-2610651

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

SAME

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

DAVID J. AMICO, PRESIDENT

2/2/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD NAME AMICO, DAVID J. STREET ADDRESS 11 CYPRESS VIEW DR CITY-ST-ZIP NAPLES FL

TITLE D NAME LIPPS, HERBERT STREET ADDRESS 11 CYPRESS VIEW DR CITY-ST-ZIP NAPLES FL

TITLE D NAME ODDI, FRANK STREET ADDRESS 140 CYPRESS VIEW DRIVE CITY-ST-ZIP NAPLES FL

TITLE D NAME SCHWAGER, HANS PETER STREET ADDRESS 11 CYPRESS VIEW DR CITY-ST-ZIP NAPLES FL

TITLE VD NAME SHERWOOD, IRVING STREET ADDRESS 44 CYPRESS VIEW DR CITY-ST-ZIP NAPLES FL

TITLE D NAME STEINEMANN, HANSJORG STREET ADDRESS 11 CYPRESS VIEW DR CITY-ST-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition 1.2 NAME 1.3 STREET ADDRESS 11 CYPRESS VIEW DRIVE 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 11 CYPRESS VIEW DRIVE 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED DAVID J. AMICO, PRESIDENT

Date

2-2-99

Daytime Phone #

941-775-2227

CR2E037 (11/98)