

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11750

1. Entity Name

EAGLE CREEK COMMUNITY ASSOCIATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90046 041 ****70.00



DO NOT WRITE IN THIS SPACE

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 34113-8014 US
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2. Principal Place of Business 12636 TAMIAMI TRAIL E. Suite, Apt. #, etc.	3. Mailing Address 12636 TAMIAMI TRAIL E. Suite, Apt. #, etc.
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City & State NAPLES, FL	City & State NAPLES, FL	4. FEI Number 59-2610651	Applied For Not Applicable
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Zip 34113	Country	Zip 34113	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

AMICO, DAVID J.
11 CYPRESS VIEW DRIVE
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12636 TAMIAMI TRAIL E.
City NAPLES FL Zip Code 34113

8. 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 PRESIDENT DATE 4-11-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AMICO, DAVID J. 11 CYPRESS VIEW DRIVE NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPPS, HERBERT 11 CYPRESS VIEW DR NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ODDI, FRANK 140 CYPRESS VIEW DRIVE NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHWAGER, HANSPETER 11 CYPRESS VIEW DR NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete SHERWOOD, IRVING 44 CYPRESS VIEW DR NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STEINEMANN, HANSJORG 11 CYPRESS VIEW DRIVE NAPLES FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12636 TAMIAMI TRAIL E.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12636 TAMIAMI TRAIL E.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR EDWARD G. HUGHES 131 CYPRESS VIEW DRIVE NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12636 TAMIAMI TRAIL E.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP, DIR WILLIS P. KRIZ 770 WATERFORD DRIVE #303 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12636 TAMIAMI TRAIL E.

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE 4/11/00 DAYTIME PHONE # 941-775-2227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE037 (9/99)