

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90311 030 ****70.00

DOCUMENT # N11750

1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12636 Tamiami Trail East Suite, Apt. #, etc. C/O Amico, David J.	3. Mailing Address 12636 Tamiami Trail East Suite, Apt. #, etc. C/O Amico, David J.
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City & State Naples, FL	City & State Naples, FL	4. FEI Number 59-2610651	Applied For <input type="checkbox"/> Not Applicable
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Zip 34113	Country Collier	Zip 34113	Country Collier	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 Amico, David J. Street Address (P.O. Box Number is Not Acceptable) 12636 Tamiami Trail East City Naples FL Zip Code 34113	
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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  David J. Amico, Pres 3/1/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	PSTD Amico, David J. 12636 Tamiami Trail East Naples, FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 Lipps, Herbert 12636 Tamiami Trail East Naples, FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODDI, FRANK 140 CYPRESS VIEW DRIVE NAPLES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, vp Rude, Carl 18 Cypress View Dr. Naples, FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWAGER, HANSPETER 11 CYPRESS VIEW DR NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schwager, Hanspeter 12636 Tamiami Trail East Naples, FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHERWOOD, IRVING 44 CYPRESS VIEW DR NAPLES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yambor, Steve 582 Eagle Creek Drive Naples, FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINEMANN, HANSJORG 11 CYPRESS VIEW DRIVE NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steinemann, Hansjorg 12636 Tamiami Trail East Naples, FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:  David J. Amico 3/1/2001 775-2227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)