

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90306 009 ****70.00

DOCUMENT # N11750

1. Entity Name
EAGLE CREEK COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**12636 TAMIAMI TRAIL EAST
% AMICO, DAVID J.
NAPLES FL 34113
US**

Mailing Address
**12636 TAMIAMI TRAIL EAST
% AMICO, DAVID J.
NAPLES FL 34113
US**

2. Principal Place of Business
2340 STANFORD COURT

3. Mailing Address
2340 STANFORD COURT

Suite, Apt. #, etc.

City & State
NAPLES, FL

Zip
34112

Country
USA

4. FEI Number **59-2610651**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AMICO, DAVID J.
12636 TAMIAMI TRAIL EAST
NAPLES FL 34113**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2340 STANFORD COURT

City **NAPLES** State **FL** Zip Code **34112**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DAVID J. AMICO, PRES.** **4-28-03**

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 Florida 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. 12636 TAMIAMI TRAIL EAST NAPLES FL 34113	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPPS, HERBERT 12636 TAMIAMI TRAIL EAST NAPLES FL 34113	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RUDE, CARL 18 CYPRESS VIEW DRIVE NAPLES FL 34113	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWAGER, HANSPETER 12636 TAMIAMI TRAIL EAST NAPLES FL 34113	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMISON, RICHARD 13 GREY WING POINT NAPLES FL 34113	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINEMANN, HANSJORG 12636 TAMIAMI TRAIL EAST NAPLES FL 34113	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2340 STANFORD COURT NAPLES, FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2340 STANFORD COURT NAPLES, FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2340 STANFORD COURT NAPLES, FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONALD RUTHERFORD 5150 TAMIAMI TRAIL N. #204 NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2340 STANFORD COURT NAPLES, FL 34112	<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 information.

SIGNATURE: **SIGNATURE REQUIRED** **4/28/03 (239) 280-1400**

CR2E037 (10/02)