

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28179

1. Entity Name

EAGLE CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

491 N SR 434
SUITE 125
ALTAMONTE SPRINGS FL 32714
US

P.O. BOX 160580
ALTAMONTE SPRINGS FL 32716-0580
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2938605

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANAGA, MERIDYTHE
491 N SR 434
SUITE 125
ALTAMONTE SPRINGS FL 32714

Name

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

City

FL

Zip Code

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

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 DVP ☐ Delete
NAME BARAGONA, CHARLES
STREET ADDRESS 365 EAGLE CREEK CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☒ Delete
NAME DERNER, GRANT
STREET ADDRESS 384 EAGLE CREEK CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME VALLARIO, DARIA
STREET ADDRESS 350 EAGLE CREEK CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE DVP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SIRIANNI, JOHN
STREET ADDRESS 339 EAGLE CREEK CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE DS ☐ Change ☒ Addition
NAME Blanton, Jeffrey
STREET ADDRESS 380 Eagle Creek Circle
CITY-ST-ZIP Lake Mary, FL 32746

TITLE DT ☐ Delete
NAME REILLY, LESLIE
STREET ADDRESS 395 EAGLE CREEK CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE DT ☐ Change ☒ Addition
NAME Reilly, Thomas
STREET ADDRESS 395 Eagle Creek Circle
CITY-ST-ZIP Lake Mary, FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Rollins, Kimberly
STREET ADDRESS 270 Eagle Knob Pointe
CITY-ST-ZIP Lake Mary, FL 32746

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02 407/862-2292

Date

Daytime Phone #

CR2E037 (9/01)