

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37008

1. Entity Name

EAGLE CREEK V CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90003 035 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5899 WHITFIELD AVE STE 107 SARASOTA FL 34234 US	5899 WHITFIELD AVE STE 107 SARASOTA FL 34243-3127 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	Applied For
65-0215708	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

ADVANCED MANAGEMENT OF SOUTHWEST
 5899 WHITFIELD AVE., STE 107
~~1045 17TH ST.~~ ←
 SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name: ~~DELETE~~

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 _____ DATE _____
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: STD	<input type="checkbox"/> Delete
NAME: EMMERLING, DAVID	
STREET ADDRESS: 7658 EAGLE CREEK DR.	
CITY-ST-ZIP: SARASOTA FL 34243	
TITLE: VD	<input checked="" type="checkbox"/> Delete
NAME: DESPITO, EMIL	
STREET ADDRESS: 7660 EAGLE CREEK DR.	
CITY-ST-ZIP: SARASOTA FL 34243	
TITLE: PD	<input type="checkbox"/> Delete
NAME: ALLMAN, CHRISTINA	
STREET ADDRESS: 7670 EAGLE CREEK DR.	
CITY-ST-ZIP: SARASOTA FL 34243	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	President
STREET ADDRESS:	Auman, Christine
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	STD
STREET ADDRESS:	Pacholek, Jean
CITY-ST-ZIP:	7658 Eagle Creek Dr. Sarasota, FL 34243
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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: Christina Allman DATE: 3-28-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)