


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90324 032 \*\*\*\*61.25

**DOCUMENT # N37008**  
 1. Entity Name  
**EAGLE CREEK V CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 9031 TOWN CENTER PKWY  
 BRADENTON, FL 34202 US

Mailing Address  
 9031 TOWN CENTER PKWY  
 BRADENTON, FL 34202 US



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01072005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**65-0215708**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

AMI - ADVANCED MANAGEMENT INC  
 9031 TOWN CENTER PKWY  
 BRADENTON, FL 34202

**7. Name and Address of New Registered Agent**

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

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

**Filing Fee is \$61.25 Due by May 1, 2005**

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**

TITLE	P	<input type="checkbox"/> Delete
NAME	AUMAN, CHRISTINE	
STREET ADDRESS	7670 GAYLE CREEK DR	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRUBBS, JEFF	
STREET ADDRESS	7682 GAYLE CREEK DR	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SHINDLER, LESA	
STREET ADDRESS	8146 MISTY OAKS BLVD	
CITY-ST-ZIP	SARASOTA, FL 34234	
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 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID EMMEGLING	
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 an other like empowered.

**SIGNATURE:** *Chris Auman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-05 (941) 359-1134  
Date Daytime Phone #