

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mornam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J36979** (9)
1. Corporation Name
EAGLE CREEK REALTY SALES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**1 EAGLE CREEK DRIVE
NAPLES FL 33962** **1 EAGLE CREEK DRIVE
NAPLES FL 33962**

3. Date Incorporated or Qualified **10/08/1986** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2728760** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MEISTER, ROBERT P., JR.
1 EAGLE CREEK DR.
NAPLES FL 33962**

10. Name and Address of New Registered Agent
81 Name **David J. Amico**
82 Street Address (P.O. Box Number is Not Acceptable) **One Eagle Creek Drive**
83
84 City **Naples** FL 85 **33962**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE *David J. Amico* **DAVID J. AMICO** **4/28/95**
Signature, typed or printed name of registered agent (and fee, if applicable) (Date) (Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEINEMANN, HANSJORG
STREET ADDRESS	1 EAGLE CREEK DR.
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	LIPS, HERBERT
STREET ADDRESS	1 EAGLE CREEK DR.
CITY - ST - ZIP	NAPLES FL
TITLE	VD
NAME	MEISTER, ROBERT P, JR.
STREET ADDRESS	1 EAGLE CREEK DR.
CITY - ST - ZIP	NAPLES FL
TITLE	ST
NAME	AMICO, DAVID J.
STREET ADDRESS	1 EAGLE CREEK DR
CITY - ST - ZIP	NAPLES FL
TITLE	V
NAME	STARRETT, JR S A
STREET ADDRESS	1 EAGLE CREEK DRIVE
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Remove this officer & info
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P/S/D
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Schwager, Hanspeter
6.3 STREET ADDRESS	One Eagle Creek Drive
6.4 CITY - ST - ZIP	Naples, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *David J. Amico* **DAVID J. AMICO** **4/28/95** (813) 775-2227
Signature and typed or printed name of signing officer or director (Date) (Telephone Number)