


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J36984</b>	
1. Entity Name <b>EAGLE CREEK PROPERTIES, INC.</b>	

Principal Place of Business <b>625 EAGLE CREEK DRIVE NAPLES, FL 34113 US</b>	Mailing Address <b>625 EAGLE CREEK DRIVE NAPLES, FL 34113 US</b>
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01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2728763</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SCHWAGER, HANSPETER 625 EAGLE CREEK DRIVE NAPLES, FL 34113</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1100000184957  
01/20/05-80052-020 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPS, HERBERT 625 EAGLE CREEK DRIVE NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDC SCHWAGER, HANSPETER 625 EAGLE CREEK DRIVE NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEINEMANN, HANSJORG 625 EAGLE CREEK DRIVE NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.11.2005 239 7744452  
Date Daytime Phone #