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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # K07833 (2)

1. Corporation Name
EAGLE CREEK MANAGEMENT AND MAINTENANCE COMPANY

Principal Place of Business	Mailing Address
ONE EAGLE CREEK DRIVE NAPLES FL 33962	ONE EAGLE CREEK DRIVE NAPLES FL 34113

3. Date Incorporated or Qualified: 12/18/1987
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21: 601 Eagle Creek Drive
22: Suite, Apt. #, etc.
23: City & State: Naples, FL
24: Zip: 34113
25: Country: U.S.A.

2a. Mailing Address
26: 601 Eagle Creek Drive
27: Suite, Apt. #, etc.
28: City & State: Naples, FL
29: Zip: 34113
30: Country: U.S.A.

4. FEI Number: 59-2864755 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMICO, DAVID J
ONE EAGLE CREEK DRIVE
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 601 Eagle Creek Drive
83
84 City: Naples FL 85 Zip Code: 34113

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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LIPS, HERBERT		1.2 NAME		
STREET ADDRESS	ONE EAGLE CREEK DRIVE		1.3 STREET ADDRESS	601 Eagle Creek Drive	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples, FL 34113	
TITLE	PSD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	AMICO, DAVID J.		2.2 NAME		
STREET ADDRESS	ONE EAGLE CREEK DRIVE		2.3 STREET ADDRESS	601 Eagle Creek Drive	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples, FL 34113	
TITLE	CTD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SCHWAGER, HANSPETER		3.2 NAME		
STREET ADDRESS	ONE EAGLE CREEK DRIVE		3.3 STREET ADDRESS	601 Eagle Creek Drive	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, FL 34113	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	STEINEMANN, HANSJORG		4.2 NAME		
STREET ADDRESS	ONE EAGLE CREEK DRIVE		4.3 STREET ADDRESS	601 Eagle Creek Drive	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	Naples, FL 34113	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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 on an attachment with an address.

SIGNATURE: [signature] David J. Amico 4/23/97 (941) 775-2227