

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N09391** (6)  
1. Corporation Name

**EAGLE CREEK I CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**5899 WHITFIELD AVE  
STE 107  
SARASOTA FL 34243  
US**

**5899 WHITFIELD AVE  
STE 107  
SARASOTA FL 34243  
US**

3. Date Incorporated or Qualified  
**05/21/1985**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-2448649**

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

10. Name and Address of New Registered Agent

**ADVANCED MANAGEMENT OF SOUTHWEST FL, INC.  
5899 WHITFIELD AVENUE  
SUITE 107  
SARASOTA FL 34243**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Don Johnson*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD**

☒ DELETE

NAME

**FREZZA, ALLESSIO**

STREET ADDRESS

**7878 EAGLE CREEK DRIVE**

CITY - ST - ZIP

**SARASOTA FL**

TITLE

**SD**

☒ DELETE

NAME

**WARNER, GEORGE**

STREET ADDRESS

**7089 FAIRWAY BEND LANE**

CITY - ST - ZIP

**SARASOTA FL**

TITLE

**FVD**

☐ DELETE

NAME

**BAKER, JOHN**

STREET ADDRESS

**5713 TIMBERLAKE CIR.**

CITY - ST - ZIP

**SARASOTA FL 34243**

TITLE

**PD**

☐ DELETE

NAME

**RAUCH, CAROLYN**

STREET ADDRESS

**7888 EAGLE CREEK DR**

CITY - ST - ZIP

**SARASOTA FL 34243**

TITLE

**ST**

☐ DELETE

NAME

**JOHNSON, DON**

STREET ADDRESS

**65 SWAINS POND AVENUE**

CITY - ST - ZIP

**MELROSE MA**

TITLE

**NAME**

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

**SVD**

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**Carolyn Rauch  
Route 3 Box 370  
Sylva, NC 28779**

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**PTD  
JOHNSON, DON  
7884 Eagle Creek Drive  
Sarasota, FL 34243**

☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Don Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/17/96**

CR2E037 (12/95)