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NONPROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09391

1. Corporation Name

EAGLE CREEK I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5899 WHITFIELD AVE
STE 107
SARASOTA FL 34243
US

Mailing Address

5899 WHITFIELD AVE
STE 107
SARASOTA FL 34243
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

3. Date Incorporated or Qualified

05/21/1985

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 **D** ☐ DELETE
NAME **BAKER, JOHN**
STREET ADDRESS **5713 TIMBERLAKE CIR.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VSD** ☐ DELETE
NAME **WILCOX, BARRY**
STREET ADDRESS **7836 EAGLE CREEK LANE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **PTD** ☐ DELETE
NAME **JOHNSON, DON**
STREET ADDRESS **7834 EAGLE CREEK DRIVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D** ☐ Change ☐ Addition
12 NAME **BAKER, JOHN**
13 STREET ADDRESS **5713 TIMBERLAKE CIR**
14 CITY-ST-ZIP **SAR. FL 34243**

21 TITLE **VSD** ☐ Change ☐ Addition
22 NAME **WILCOX, BARRY**
23 STREET ADDRESS **7836 EAGLE CREEK LN.**
24 CITY-ST-ZIP **SARASOTA, FL 34243**

31 TITLE **PTD** ☐ Change ☐ Addition
32 NAME **JOHNSON, DON**
33 STREET ADDRESS **7834 EAGLE CREEK DRIVE**
34 CITY-ST-ZIP **SARASOTA, FL 34243**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/99

Daytime Phone #

CR2E037 (11/98)