

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90502 020 ****61.25

DOCUMENT # N09391

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2448649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **DOUGLAS WILSON**
 STREET ADDRESS **5899 WHITFIELD AVE-SUITE 107**
 CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **VSD** ☐ Change ☒ Addition
 NAME **MARIE D. ORMOND**
 STREET ADDRESS **7860 EAGLE CREEK DRIVE**
 CITY-ST-ZIP **SARASOTA-FL 34243**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 reports 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 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

Date

Daytime Phone #

CR2E037 (10/00)