

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90056 023 ****61.25

DOCUMENT # N09391

1. Entity 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

927020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2448649

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
ADVANCED MANAGEMENT OF SW FL INC.
 Street Address (P.O. Box Number is Not Acceptable)

9031 TOWN CENTER PARKWAY

City
BRADENTON

FL

Zip Code
34202

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
 NAME Change Addition
VSD TINA LONG
 STREET ADDRESS
5519 83RD STREET EAST
 CITY-ST-ZIP
SARASOTA, FL. 34243

TITLE
 NAME Delete
D WILSON, DOUGLAS
 STREET ADDRESS
5899 WHITEFIELD AVENUE, SUITE 107
 CITY-ST-ZIP
SARASOTA FL 34243

TITLE
 NAME Change Addition

TITLE
 NAME Delete
VSD ORMOND, MARIE D
 STREET ADDRESS
7860 EAGLE CREEK DRIVE
 CITY-ST-ZIP
SARASOTA FL 34243

TITLE
 NAME Change Addition
PTD

TITLE
 NAME Delete

TITLE
 NAME Change Addition

TITLE
 NAME Delete

TITLE
 NAME Change Addition

TITLE
 NAME Delete

TITLE
 NAME Change Addition

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)