

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90287 028 ****61.25

DOCUMENT # N09391 1. Entity Name EAGLE CREEK I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business <i>9031 TOWN Center Pkwy</i> Mailing Address <i>9031 TOWN Center Pkwy</i> 5899 WHITEFIELD AVE STE 107 SARASOTA, FL 34243 US FL 34202 SARASOTA, FL 34243 US FL 34202					
2. Principal Place of Business		3. Mailing Address		01072004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2448649 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent	
ADVANCED MANAGEMENT OF SOUTHWEST FL, INC. 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	LONG, TINA		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5517 83RD STREET EAST		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, DOUGLAS		NAME		
STREET ADDRESS	5899 WHITEFIELD AVENUE, SUITE 107		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORMOND, MARIE D		NAME		
STREET ADDRESS	7860 EAGLE CREEK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEARSON, DINA		NAME	<i>Pres</i>	
STREET ADDRESS	7844 EAGLE CREEK DR		STREET ADDRESS	<i>7844 EAGLE CREEK</i>	
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP	<i>SARASOTA, FL 34243</i>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORST, MICHAEL		NAME	<i>TRES</i>	
STREET ADDRESS	7838 EAGLE CREEK DR		STREET ADDRESS	<i>DORST, MICHAEL</i>	
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP	<i>7838 EAGLE CREEK</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<i>SEC</i>	
STREET ADDRESS			STREET ADDRESS	<i>DOYLE McCully</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>7848 EAGLE CREEK DR</i>	
			<i>SARASOTA, FL 34243</i>		
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: <i>Dina Pearson</i> <i>Dina Pearson</i> 3/29/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					