

N11750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

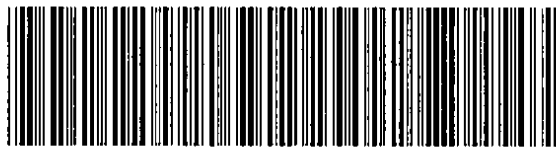
(Document Number)

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RA Change

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

EAGLE CREEK COMMUNITY  
ASSOCIATION, INC.

Signature \_\_\_\_\_

Requested by: SETH

06/29

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File \_\_\_\_\_

LTD Partnership File \_\_\_\_\_

Foreign Corp. File \_\_\_\_\_

L.C. File \_\_\_\_\_

Fictitious Name File \_\_\_\_\_

Trade/Service Mark \_\_\_\_\_

Merger File \_\_\_\_\_

Art. of Amend. File \_\_\_\_\_

RA Resignation \_\_\_\_\_

Dissolution / Withdrawal \_\_\_\_\_

Annual Report / Reinstatement \_\_\_\_\_

Cert. Copy \_\_\_\_\_

Photo Copy \_\_\_\_\_

Certificate of Good Standing \_\_\_\_\_

Certificate of Status \_\_\_\_\_

Certificate of Fictitious Name \_\_\_\_\_

Corp Record Search \_\_\_\_\_

Officer Search \_\_\_\_\_

Fictitious Search \_\_\_\_\_

Fictitious Owner Search \_\_\_\_\_

Vehicle Search \_\_\_\_\_

Driving Record \_\_\_\_\_

UCC 1 or 3 File \_\_\_\_\_

UCC 11 Search \_\_\_\_\_

UCC 11 Retrieval \_\_\_\_\_

Courier \_\_\_\_\_

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Eagle Creek Community Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N11750

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan L. Bedyan

Name of Contact Person

Goede, DeBoest & Cross

Firm/Company

6609 Willow Park Drive, Second Floor

Address

Naples, FL 34109

City/State and Zip Code

lbosch@gadclaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan L. Bedyan

Name of Contact Person

at (239) 331-5100

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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FILED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Eagle Creek Community Association, Inc.
2. The principal office address: C/o Eagle Creek Community Association, 746 Eagle Creek Drive, Unit 103,  
Naples, FL 34113
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/25/1985 Document number: N11750
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Karen Kari

746 Eagle Creek Drive, Unit 103

Naples, FL 34113

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Goede, DeBoest & Cross, PLLC

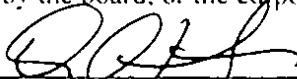
6609 Willow Park Drive, Second Floor

P.O. Box NOT acceptable

Naples, FL 34109

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Drew Krinski, Association President  
\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Lee-Anne Bosch

\_\_\_\_\_  
Signature of Registered Agent

06.30.2022

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Lee-Anne Bosch

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)