FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14618 (5)

1. Corporation Name

EAGLE CREEK III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
CLEAN CUT REAL ESTATE MANAGEMENT 1945 17TH STR SARASOTA FL 34234 US	CLEAN CUT REAL ESTATE MANAGEMENT 1945 17TH STR SARASOTA FL 34234 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1986
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-2448649 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5899 Whitfield Ave	26 5899 Whitfield Ave
Suite, Apt #, etc: 22 Suite 107	Suite, Apt #, etc: 27 Suite 107
City & State: 23 Sarasota, FL	City & State: 28 Sarasota, FL
Zip: 24 34243 Country: 25 USA	Zip: 29 34243 Country: 30 USA

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WINSHIP, WILLIAM D
CLEAN CUT REAL ESTATE MANAGEMENT
1945 17TH STR
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name: Advanced Management of Southwest FL
82 Street Address (P.O. Box Number is Not Acceptable): 5899 Whitfield Ave
83 Suite 107
84 City: Sarasota FL 85 Zip Code: 34243

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] DATE 4-28-95

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TVD	1.1 TITLE	P/D ☑ Change ☐ Addition
NAME	BETHEL, PEGGY	1.2 NAME	Lightbourn, Gary
STREET ADDRESS	7778 EAGLE CREEK DR	1.3 STREET ADDRESS	7784 Eagle Creek Dr
CITY ST ZIP	SARASOTA FL	1.4 CITY ST ZIP	Sarasota, FL 34243
TITLE	PD	2.1 TITLE	T/D ☑ Change ☐ Addition
NAME	RABUSCH, WILLIAM	2.2 NAME	Boist, Laverne
STREET ADDRESS	7783 EAGLE CREEK DR	2.3 STREET ADDRESS	7797 Eagle Creek Dr
CITY ST ZIP	SARASOTA FL	2.4 CITY ST ZIP	Sarasota, FL 34243
TITLE	SD	3.1 TITLE	S/D ☑ Change ☐ Addition
NAME	MOLODOFSKY, SHIRLEY	3.2 NAME	Hallagan, Jean
STREET ADDRESS	7781 EAGLE CREEK DR	3.3 STREET ADDRESS	7788 Eagle Creek Dr.
CITY ST ZIP	SARASOTA FL	3.4 CITY ST ZIP	Sarasota, FL 34243
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] GARY LIGHTBOURN April 28 1995 722-6667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018397