

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-07-2003 90134 041 ***61.25

DOCUMENT # N16153

1. Entity Name

EAGLE CREEK IV CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5899 WHITFIELD AVE
SUITE 107
SARASOTA FL 34243
US

5899 WHITFIELD AVE
SUITE 107
SARASOTA FL 34243
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2448649**

Applied For

Not Applicable

Zip **34202**

Country **USA**

Zip **34202**

Country **USA**

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD - Pres. Treas D.** ☐ Delete
NAME **DAY, RONALD**
STREET ADDRESS **7748 EAGLE CREEK DR**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **PRES/TREASURER** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD - Vice Pres./Sec** ☐ Delete
NAME **DAY, MARY LOUISE**
STREET ADDRESS **7748 EAGLE CREEK DRIVE**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **VICE PRES/SECRETARY** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TURNBULL, MARGARET**
STREET ADDRESS **7764 EAGLE CREEK DRIVE**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 (10/02)