


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90249 045 ****61.25

DOCUMENT # N23587

1. Entity Name
EAGLE CREEK OF NAPLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 12278 ~~12276~~ **TAMIAMI TRL. E** 12272 ~~12276~~ **TAMIAMI TRL. E**
~~501-403~~ **501-403** ~~501-403~~ **501-403**
NAPLES, FL 34113 US **NAPLES, FL 34113 US**

40097030



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

05012008 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0085837** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLATINUM PROPERTY MANAGEMENT
 12278 ~~12276~~ **TAMIAMI TRAIL E #501-403**
NAPLES, FL 34113

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

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DOWLING, RICHARD	
STREET ADDRESS	770 WATERFORD DR., #201	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	O'CONNELL, JOHN	
STREET ADDRESS	740 WATERFORD DR #303	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWARTZWELTER, DEAN	
STREET ADDRESS	770 EAGLE CREEK DRIVE #201	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIOCONDI, GINO	
STREET ADDRESS	752 EAGLE CR. DR. # 201	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIPS K'IND, WILLIAM	
STREET ADDRESS	730 Waterford DR #401	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Dean Swartzwelter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 239-774-5966
 Date Daytime Phone #