

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28179

FILED
Apr 12, 2009
Secretary of State

Entity Name: EAGLE CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 327034857 US

New Principal Place of Business:

Current Mailing Address:

2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 327034857 US

New Mailing Address:

FEI Number: 59-2938605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANAGA, MERIDYTHE
2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 327034857 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BARAGONA, CHARLES
Address: 365 EAGLE CREEK CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: DVP () Delete
Name: STIBILA, DIANE
Address: 361 EAGLE CREEK CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: STAUNTON, DEBRA
Address: 383 EAGLE CREEK CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: DS () Delete
Name: MAURO, DENISE
Address: 346 EAGLE CREEK CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: DT () Delete
Name: ABRAHAMS, WILLIAM
Address: 347 EAGLE CREEK CIRCLE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FIELDS, LEE
Address: 240 EAGLE KNOB POINTE
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Change () Addition
Name: STIBILA, DIANE
Address: 361 EAGLE CREEK CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: DVP (X) Change () Addition
Name: RICE, JIM
Address: 356 EAGLE CREEK CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE MAURO

DS

04/12/2009

Electronic Signature of Signing Officer or Director

Date