FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

EAGLE CREEK VI CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business		Mailing Address					. Labitias aix acode cuite mass emas office ethin alam divid office being estate edit .
5899 WHITFIELD AVE #107 SARASOTA FL 34294 US		5899 WHITFIELD AVE. #107 Sarasota Fl 34234 US					3. Date Incorporated or Qualified 05/06/1991 4. FEI Number Applied For
2. Principal P	Place of Business	2a. Mailing Address					65-0285059 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
Sulte, Apt. #, etc.		Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State					7. Is this nonprofit corporation a homeowners association?
Zip 24	Country 25	Zip 29	30 Co	ountry			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	it registered Agent		81	Name		10. Name and Address of New Registered Agent
				"	Name		
	CED MANAGEMENT OF SOUTHV HITFIELD AVE	WEST FL INC.	FL INC.		Street A	Addres	ss (P.O. Box Number is Not Acceptable)
#107				83			
SARASC	OTA FL 34243			84	City	·	es Zip Code
							FL
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered entered ente							
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 617.0503, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered age		(C. O1-1				d when reinstaling) DATE
12.		D DIRECTORS	13.		II SIGNATUTE	requirec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE		1.1 TITLE			Change Addition
NAME	DEBAR, FRANK		1.2 N	1.2 NAME			
STREET ADDRESS	7576 EAGLE CREEK DR.		1.3 STREET		ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243			1.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	2.1 T	2.1 TITLE		5	Change Addition
NAME	ANDLER, ROBERT		2.2 N	2.2 NAME			
STREET ADDRESS	7598 EAGLE CREEK DRIVE	238		2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	- Decemen		2. 4 CITY-ST-ZIP			
TITLE	STD	☐ DELETE		3.1 TITLE		T	► Change
NAME	SULLIVAN, ELLEN			3.2 NAME			
STREET ADDRESS	7630 EAGLE CREEK DRIVE		3.3 STREET AL		1		
CITY-ST-ZIP TITLE	SARASOTA FL	DELETE	_	3.4. CITY-ST-ZIP 4.1 T/TLE			☐ Change ☐ Addition
NAME	u			4. 2 NAME			_ state _ stat
STREET ADDRESS			4.3 STREET		ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST				
TITLE		DELETE	5.1 TITLE				☐ Change ☐ Addition
NAME				IAME	1		_ · -
STREET ADDRESS					ADDRESS		ļ
CITY-ST-ZIP				XTY-ST			
TITLE		☐ DELETE	6.1 T				☐ Change ☐ Addition
NAME .			6.2 N	AME			
STREET ADDRESS			6.3 S	TREET A	ADDRESS		

14. 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 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.

SULLIUAN

FILED

Apr 27 1998 8:00am

Secretary of State