

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N43255

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EAGLE CREEK VI CONDOMINIUM ASSOCIATION, INC.					* 3 73221 - 90051 - 2 1 *	
Principal Place of Business 5899 WHITFIELD AVE \$107 \$4107 \$ARASOTA FL 34234 US US Mailing Address 5899 WHITFIELD AVE. \$4107 \$41						
US			······	·		
		2a. Mailing Address	iling Address		3. Date Incorporated or Qualified 05/06/1991	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number Applied For		
27					65-0285059 Not Applicable \$8.75 Additional	
City & State Clty & State					5. Certificate of Status Desired Fee Required	
Zip-=	Country Country	Zip	Countr		6. Election Cempeign Financing \$5.00 May Be	
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent					(V. Raine and Address of New Cagistores Agent	
ADVANCED MANAGEMENT OF SOUTHWEST FL INC.			82	Street /	Address (P.O. Box Number is Not Acceptable)	
5899 WHITFIELD AVE						
#107			B3	'		
SARASOTA FL 34243			84	1	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I applications of the obligations of, Section 617.0503, Florida Statutes.						
agent. I amy familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent				equired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE .	PD	☐ DELETE	1.1 TILE		Change Addition	
NAME	DEBAR, FRANK		1.2 NAME	T ADDRESS	DEBAR FRANK 7576 EDJA CREEK OR	
STREET ADDRESS CITY-ST-ZIP	7576 EAGLE CREEK DR. SARASOTA FL 34243		1.4 CITY-1		5000 A 171 FL 34343	
TITLE	D	☐ DELETE	2.1 TITLE			
HAME	ANDLER, ROBERT		2.2 NAME		AN OLER, ROBERT 180 BRIDLE PATH	
STREET ADDRESS	I II		1	TADORESS	WILLIAMSVILLE, NY 14221	
CITY-ST-ZIP	SARASOTA FL TD	DELETE	2.4 CITY- 3.1 TITLE		TD Change Addition	
NAME	SULLIVAN, ELLEN		3.2 NAME		SULLIUMN ELLEN SULLIUMN ELLEN 2630 E Agle (Reck DR 2630 E Agle (Reck DR)	
STREET ADDRESS	7630 EAGLE CREEK DRIVE		3.3 STREE	TADORESS	2630 EAGLE L RECK DIG	
- CITY-ST-ZIP	SARASOTA FL	- pad	3.4. CITY-	ST-ZIP	SARASOTA FL 3V5V3	
TITLE		DELETE	4.1 TITLE			
NAME STREET ADDRESS				TADORESS		
CITY-ST-ZIP			4.4 CITY-1			
TITLE	☐ DELETE 5.1 TIT		5.1 TITLE 5.2 NAME		☐ Change ☐ Addition	
NAME				TADORESS	·	
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-5	l l		
TILE		☐ DELETE	6.1 TILE		☐ Change ☐ Addition	
NAME			6.2 NAME		'	
CTREET ADDRESS	J		6.3 STREE	TADDRESS	•	

6.4 CITY-ST-ZIP 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 early 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAG OFFICER OF DIRECTOR

ELLEN SULLIVAN

FILED Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90109 031 ****61.25