DOCUMENT # N43255

1. Enlity Name

FILED

May 11, 2000 8:00 am

EAGLE C	REEK VI CONDOMINIUM AS		Secretary of State					
Principal Place	of Business	Mailing Address			04-10-2000 900	41 032 ****	61.25	
5899 WHITFIELD AVE \$107 SARASOTA FL 34234 US 2. Principal Place of Business		5839 WHITFIELD AVE. \$107 SARASOTA FL 34243-3127 US		 	E FERNISION OUT DESIGNATURE STORE OUT OUT OF STORE OUT OF STORE OUT OF STORE OUT OUT OUT OUT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS SPACE		
City & State		City & State		4. FEI Number	65-0285059		plied For t Applicable	
Ζiρ	Country	Zip	Country	5. Certificate of	of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Curre				7. Name and	7. Name and Address of New Registered Agent			
				Name				
	MANAGEMENT OF SOUTHWES	T FL INC.	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
5899 WHIT	FIELD AVE						<u>-</u>	
#107 SARASOTA	A FL 34243		City		F	Zip Cod	e	
	named entity submits this statement for	or the purpose of changing its re	gistered office or re	egistered agent, or both	·····	<u></u>	<u>.</u>	
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SIGNATURE .			;					
SIGNATURE,	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Agent signature	required when reinstating)	DA	TE.		
FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees)	
10.	OFFICERS AND D		11.	ADDITIONS/CHA	ANGES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DEBAR FRANK 7576 EAGLE CREEK DR. SARASOTA FL 34243 (SD' (TO)	M Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	- Sarasota	arry le Creek Dr. , FL <u>342</u>43		Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ANDLER, HOBERT 180 BRIDLE PATH WILLIAMSVILLE NY 11221		NAME STREET ADDRESS CITY-ST-ZIP		Robert le Creek Dr	•	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SULLIVAN, ELLEN 2630 EAGLE CREEK DR 76 SARASOTA FL 34243	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- sar asoca	, FL 34243-	Ma Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		□ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		

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 of 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: ≤

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EXCHANGE AND	VOED OD DRINTE	NAME OF C	DANNO OFFIC	TO ARM DO CHE

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