2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2004 8:00 am Secretary of State 03-24-2004 90004 003 ****61.25

### Maling Address ### S031 TOMNCHIRE ### 107 ### S031 TOMNCHIRE ### 107 ### 107 ### 107 ### 107 ### 107 ### 107 ### 107 ### 1031 TOMNCHIRE ### 107 ##	DOCUMENT # N43255 1. Entity Name EAGLE CREEK VI CONDOMINIUM ASSOCIATION, INC.						03-24-200-	4 90004 003	3 ****61	.25	
Suite, Apil. 4. etc. Suite Suite, Apil. 4. etc. Suite	9031 TOWNCENTER BRADENTON, FL 34202 US		9031 TOWNCENTER #107		4 (10 41) (17) (17) (17)			P1444 E1E11 P141			
City & State Applied for Most Applicable Security B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADVANCED MANAGEMENT OF SOUTHWEST FLINC. 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 City FL Zip Code City City FL Zip Code City City	2. Principal Place of Business		3. Mailing Address								
Second	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062004	Chg-NP	CR2E037	' (10/03)		
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent ADVANCED MANAGEMENT OF SCUTHWEST FLINC. 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 agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Change agent agen	City & State		City & State			4. FEI Number 65-0285	 059			<u> </u>	
### ADVANCED MANAGEMENT OF SOUTHWEST FLINC. ### STORES AND CENTER PARKWAY BRADENTON, FL 34202 City	Zip	Country Zip Con		Country							
ADVANCED MANAGEMENT OF SOUTHWEST FLINC. 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 City FL Zip Code		6. Name and Address of Current R	egistered Agent								
STREET ADDRESS (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Co				Name							
B. 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 Signature, typed or preted name of registered agent and lith if applicable. (NOTE: Registered Agent signature required alegant and lith if applicable. (NOTE: Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is 361.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITHE NAME STRETADORSS 7530 GAYLE CREEK DR STRETADORSS OTITY-ST-2P WILDE, HARRY F MAKE STRETADORSS OTITY-ST-2P SARASOTA, FL 34243 DIVENSITY-ST-2P SARASOTA, FL	9031 TOWN CENTER PARKWAY				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Synature, typed or printed neme of registered agent and the Fapoteable. (NOTE: Registered Agent Synature, typed or printed neme of registered agent and the Fapoteable. (NOTE: Registered Agent Synature, typed or printed neme of registered agent and the Fapoteable. (NOTE: Registered Agent Synature required when nemetic no.) DATE				City			-	FL	Zip Code	 9	
Due by May 1, 2004	the obligations of registered agent. SIGNATURE:										
TITLE SULLIVAN, ELLEN 7630 GAYLE CREEK DR STRET ADDRESS ST							F				
NAME STREET ADDRESS TOSA GAYLE CREEK DR TITLE PD NAME VILIDE, HARRY F NAME STREET ADDRESS CITY-ST-ZIP NAME ANDLER, BOB ANDLER, BOB ANDLER, BOB STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 Delete NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CHange Addition NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CHange Addition NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 3	10.	OFFICERS AND DIRE	ctors	11.		ADDITIONS/CHAI	NGES TO OFFI	CERS AND DIRE	CTORS IN	10	
MME STREET ADDRESS 7594 EAGLE CREEK DRIVE STREET ADDRESS CITY-ST-2P SARASOTA, FL 34243 TITLE V NAME SHERWOOD, JACK STREET ADDRESS CITY-ST-2P SARASOTA, FL 34243 TITLE S SARASOTA, FL 34243 TITLE NAME ANDLER, BOB STREET ADDRESS TOPS EAGLE CREEK DR STREET ADDRESS TOPS EAGLE CREEK DR STREET ADDRESS TOPS SARASOTA, FL 34243 TITLE NAME ANDLER, BOB STREET ADDRESS TOPS SARASOTA, FL 34243 TITLE D Delete NAME STREET ADDRESS TOPS SARASOTA, FL 34243 TITLE TOPS SARASOTA, FL 34243 TI	NAME Street address	SULLIVAN, ELLEN 7630 GAYLE CREEK DR	Celete	NAME Street Address			•				
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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi) Florida Statutes. I further certify that the information	NAME Street address	WILDE, VALERIE 7594 EAGLE CREEK DR	☐ Delete	NAME STREET ADORESS	WIL	DE, VALGO	15 CROSEX =1.342	De	≾ Change	Addition	
	NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with t	his filing does not qualify for th	NAME STREET ADDRESS CITY-ST-ZIP	ated in Se	ction 119.07(3)(i),	Florida Statute	, , , , , , , , , , , , , , , , , , ,	y that the in	formation	