

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90476 023 ****61.25

DOCUMENT # N43255

1. Entity Name

EAGLE CREEK VI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**5899 WHITFIELD AVE
#107
SARASOTA FL 34234
US**

Mailing Address

**5899 WHITFIELD AVE.
#107
SARASOTA FL 34234
US**

2. Principal Place of Business

**9031 TownCenter
Pkwy**

3. Mailing Address

**9031 TownCenter
Pkwy**

City & State

Bradenton FL

City & State

Bradenton fl

Zip

34202

Country

USA

Zip

34202

Country

USA

4. FEI Number **65-0285059**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ADVANCED MANAGEMENT OF SOUTHWEST FL INC.
9031 TOWN CENTER PARKWAY
BRADENTON FL 34202**

7. Name and Address of New Registered Agent

Name

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 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, ELLEN C	
STREET ADDRESS	180 BRIDLE PATH	
CITY-ST-ZIP	WILLIAMSVILLE NY 14221	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, ELLEN	
STREET ADDRESS	2630 EAGLE CREEK DR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILDE, HARRY F	
STREET ADDRESS	7594 EAGLE CREEK DRIVE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7630 Eagle Creek Dr	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE-PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK SHERWOOD	
STREET ADDRESS	7592 EAGLE CREEK	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB ANDLER	
STREET ADDRESS	7598 Eagle Creek Dr	
CITY-ST-ZIP	Sarasota FL 34243	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALERIE WILDE	
STREET ADDRESS	7599 Eagle Creek Dr	
CITY-ST-ZIP	Sarasota FL 34243	

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 or 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: SIGNATURE REQUIRED

Robert C. Andler 3/13/03
941-359-

CR2E037 (10/02)