

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90124 049 \*\*\*\*61.25

**DOCUMENT # N50963**

1. Entity Name

EAGLE'S CREEK OWNERS ASSOCIATION, INC.



Principal Place of Business

4003 HARTLEY RD  
JACKSONVILLE FL 32257  
US

Mailing Address

C/O SIGN. RLTY. & MGMT, INC.  
4003 HARTLEY RD  
JACKSONVILLE FL 32257  
US

2. Principal Place of Business

BCM Services Inc.

Suite, Apt. #, etc.

STE B

City & State

NEPTUNE BEACH FL

Zip

32266

Country

USA

3. Mailing Address

920 THIRD ST

Suite, Apt. #, etc.

STE B

City & State

Neptune Bch, FL

Zip

32266

Country

USA



1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3203215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CANTRELL, BRYAN  
SIGNATURE REALTY & MGMT, INC.  
4003 HARTLEY RD  
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

WALLACE, L. DENISE

Street Address (P.O. Box Number is Not Acceptable)

920 THIRD ST. STE B

City

NEPTUNE BEACH

FL

Zip Code

32266

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

*L. Denise Wallace*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-06

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 PD  
NAME BRIZEDINE, JUDY  
STREET ADDRESS 1249 SOARING FLIGHT WAY  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☒ Delete

TITLE SD  
NAME ADKINS, MORRIS  
STREET ADDRESS 12324 ASHVILLE LANE  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☒ Delete

TITLE D  
NAME JOHNSON, TIM  
STREET ADDRESS 1182 BLUE EAGLE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☒ Delete

TITLE TD  
NAME CRESWELL, YVONNE  
STREET ADDRESS 1100 WATERFALL DR  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME STEVE MILLICAN  
STREET ADDRESS 1254 BLUE EAGLE WAY  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE SD ☒ Change ☐ Addition  
NAME BRUCE RODRIGUEZ  
STREET ADDRESS 12446 WEYBURN CT  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D ☒ Change ☐ Addition  
NAME BAMBI DICKINSON  
STREET ADDRESS 12487 ARROWLEAF LN  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE TD ☒ Change ☐ Addition  
NAME SHANE MASON  
STREET ADDRESS 1296 BLUE EAGLE WAY E  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Change ☒ Addition  
NAME BOB GRONCZNIK  
STREET ADDRESS 1475 BLUE EAGLE WAY E  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Shane Mason* W. SHANE MASON

13MAR06

904 270-6344 x3070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #