FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90050 024 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P94000082959**1. Corporation Name

SIGNATURI

EAGLE CREEK TOWNHOMES ASSOCIATION, INC.

Principal Plac	ce of Business	Mailing Address			
11856 ROYAL PALM BLVD CORAL SPRINGS FL 33065 11856 ROYAL PALM BLVD CORAL SPRINGS FL 33065					
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	-
}				11/14/1994	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0539212	Not Applicate
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	——————————————————————————————————————	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Country	g. This corporation owes the current year In	tangible
24	25	29 30		Personal Property Tax.	∐Yes □No
=-,	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent
			81 Name		
	RGENSTERN, ARLYNE		82 Street A	Address (P.O. Box Number is Not Acceptable)	
11856 ROYAL PALM BLVD			Oueer A	Address (F.O. Box (14))ocr is not recopiable)	
CO	RAL SPRINGS FL 33065		83		
1			04 65		85 Zip Code
4.			84 City	FL	2ip Code
SIGNATURE	Signatur Ar feet of Author name of the second age	modern de la companie	THE UNE A		7
12.			13.	ADDITIONS/CHANGES TO OFFICERS A	Change C
TITLE	P CHARLES	_	1.1 TITLE	SCRETARY WESSEL KINREDY WESSEL 11856 KOYAZ PALM BLVD	per change
NAME	VICCHINI, CHARLES		1.2 NAME	11856 ROYAL PALM BLVD	<u>ن</u>
STREET ADDRESS			1.3 3 INCE I ADDINESS	COYAL SPYNGS FL 3300	65
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP 2.1 TITLE		Change 5
TITLE	VP	_	· .	2010 10 11 1 2 11 17 17	C ournido &
NAME	FROZZITTA, ELEANITA		2.2 NAME	11856 ROYAL MAN BLUD	/
STREET ADDRESS	1 11000 110 1110 1110 1110 1110		2.3 STREET ADDRESS	CORAL SPrINGS, FL 330	6S
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2.4 CITY-ST-ZIP	North Contract	☐ Change 도
NAME	MORGENSTERN, ARLYNE		3.2 NAME	Director Colossums ROBBET COLOSSUMS 118 L KOYAL MILUR CUD	
STREET ADDRESS	******	*	3.3 STREET ADDRESS	1187 ROUM Adu RLUD	
	CORAL SPRINGS FL 33065		3.4. CITY-ST-ZIP	COTAL SPYINGS, FL 3	3065
CITY-ST-ZIP TITLE	S		4.1 TITLE	<u> </u>	☐ Change ☐
NAME	MATOS, HILDA	V	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065	l l	4.4 CITY-ST-ZIP		
TITLE	D		5.1 TITLE		☐ Change ☐
NAME	LEWEN, GREGG	•	5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ *
NAME	}	j.	6.2 NAME		
STREET ADDRESS	s		6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

14. 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 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 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 607. 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.