

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90185 004 ****61.25

DOCUMENT # N04000011944

1. Entity Name
**LAKEFRONT AT DEEP CREEK CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**26369 NADIR ROAD
PUNTA GORDA, FL 33983**

Mailing Address
**26369 NADIR ROAD
PUNTA GORDA, FL 33983**

40066373



2. Principal Place of Business
PROGRESSIVE COMMUNITY MGMT
Suite, Apt. #, etc.
1801 GLENGARY STREET
City & State
SARASOTA, FL
Zip
34231 Country
USA

3. Mailing Address
PROGRESSIVE COMMUNITY MGMT
Suite, Apt. #, etc.
1801 GLENGARY STREET
City & State
SARASOTA, FL
Zip
34231 Country
USA

02242006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GUNDERSON, MIKO P
1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD, FL 34223-4949

7. Name and Address of New Registered Agent

Name
PROGRESSIVE COMMUNITY MANAGEMENT, INC
Street Address (P.O. Box Number is Not Acceptable)
1801 GLENGARY STREET
City
SARASOTA FL Zip Code
34231

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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	WISE, JOHN	
STREET ADDRESS	175 PORTLAND STREET	
CITY-ST-ZIP	BOSTON, MA 021141717	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	SCARBOROUGH, JEAN	
STREET ADDRESS	175 PORTLAND STREET	
CITY-ST-ZIP	BOSTON, FL 02114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTUZ, PAUL	
STREET ADDRESS	26397 NADIR RD., #202	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, PHYLLIS	
STREET ADDRESS	26397 NADIR RD., #103	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE	MTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, BRUCE	
STREET ADDRESS	26397 NADIR RD., #107	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKEL, JIM	
STREET ADDRESS	1801 GLENGARY STREET	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTTON, WILLIAM	
STREET ADDRESS	1801 GLENGARY STREET	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim MARKEL 4/17/06 941-921-5393

Date

Daytime Phone #