

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15644 (0)

1. Corporation Name

DEEP CREEK GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

25100 SANDHILL BLVD. X-104
252 WEST MARION AVENUE
PORT CHARLOTTE FL 33983
US

% DAVID K. OAKS
252 WEST MARION AVENUE
PUNTA GORDA FL 33950



3. Date Incorporated or Qualified

06/27/1986

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OAKS, DAVID K.
252 WEST MARION AVENUE
PUNTA GORDA FL 33950

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **HUNT, DONN**
STREET ADDRESS **25100 SANDHILL BLVD V204**
CITY-ST-ZIP **PUNTA GORDA FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **President Morrison, Cheryl P.**
1.3 STREET ADDRESS **25100 Sandhill Blvd V203**
1.4 CITY-ST-ZIP **Punta Gorda FL 33983**

TITLE **TD** ☐ DELETE
NAME **STAIANO, FRED**
STREET ADDRESS **25100 SANDHILL BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Director Ed Birch**
2.3 STREET ADDRESS **25100 Sandhill Blvd R201**
2.4 CITY-ST-ZIP **Punta Gorda FL 33983**

TITLE **SD** ☐ DELETE
NAME **LESLIE, MURIEL**
STREET ADDRESS **25100 SANDHILL BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **INSALACO, SAM**
STREET ADDRESS **25100 SANDHILL BLVD M204**
CITY-ST-ZIP **PUNTA GORDA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **LUCIANO, MADELYN**
STREET ADDRESS **25100 SANDHILL BLVD P204**
CITY-ST-ZIP **PORT CHARLOTTE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **ANDREW, JIM**
STREET ADDRESS **25100 SANDHILL BLVD U102**
CITY-ST-ZIP **PUNTA GORDA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cheryl P. Morrison President

2-15-96 (941) 629-4779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)