2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90156 031 ****61.25

DOCUMENT # N15644

1. Entity 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	25100 SANDHILL BLVD X104 PUNTA GORDA FL 33983 US

517666

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2709278 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WINHARD, KRISTINE % SW GATEWAY INC. 2200 KINGS HWY #3J PORT CHARLOTTE FL 33980	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.

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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINN, JOHANNA 25100 SANDHILL BLVD #S204 PT CHARLOTTE FL 33983 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FINN, JOHANNA 25100 SANDHILL BLVD, #S204 PORT CHARLOTTE FL 33983 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STAIANO, FRED 25100 SANDHILL BLVD D103 PORT CHARLOTTE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PROKOS, BETTY 25100 SANDHILL BLVD, #J-201 PORT CHARLOTTE FL 33983 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAO, MICHAEL 25100 SANDHILL BLVD, #S201 PORT CHARLOTTE, FL 33983 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEVATINO, FRANCES 25100 SANDHILL BLVD T102 PUNTA GORDA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LUCIANO, MADELYN 25100 SANDHILL BLVD, P-204 PORT CHARLOTTE FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUD, JIM 25100 SANDHILL BLVD, F102 PORT CHARLOTTE FL 33983 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRENNAN, ROBERT 25100 SANDHILL BLVD, R-201 PUNTA GORDA FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUOPOLO, NINA 25100 SANDHILL BLVD R202 PORT CHARLOTTE, FL 33983 ☒ Change ☐ Addition

CR2E037 (10/00)

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 3/20/01 941-629-4779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #