2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90090 045 ****61.25

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DOCUMENT # N15644

1. Entity Name
DEEP CREEK GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
25100 SANDHILL BLVD X-104 PORT CHARLOTTE, FL 33983 US	25100 SANDHILL BLVD X104 PUNTA GORDA, FL 33983 US

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

04272005 Chg-NP CR2E037 (10/03)

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

WISHARD, KRISTINE
C/O GATEWAY MGMT
23081 HARBORVIEW ROAD
PORT CHARLOTTE, FL 33980

7. Name and Address of New Registered Agent

Name Fred Staiano
Street Address (P.O. Box Number is Not Acceptable) 25100 Sandhill Blvd D103
City Port Charlotte **FL** Zip Code 33983

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 _____ 4/28/05
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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FINN, JOHANNA 25100 SANDHILL BLVD #S204 PT CHARLOTTE, FL 33983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dorio, Flo 25100 Sandhill Blvd # Q204 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 RAO, MICHAEL 25100 SANDHILL BLVD, X-201 PORT CHARLOTTE, FL 33983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Karns, Tom 25100 Sandhill Blvd, E104 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	D HAIRE, SHIRLEY 25100 SANDHILL BLVD, D-203 PORT CHARLOTTE, FL 33983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Levatino, Frances 25100 Sandhill Blvd T102 Port Charlotte, FL 33983	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUOPOLO, NINA 25100 SANDHILL BLVD #R202 PORT CHARLOTTE, FL 33983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Loscheider, Pete 25100 Sandhill Blvd 0101 Port Charlotte, FL 33983	☐ Change ☒ Addition

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: _____ 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #