

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90460 038 ****61.25

DOCUMENT # N15644							
1. Entity Name DEEP CREEK GARDENS CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 25100 SANDHILL BLVD X-104 PORT CHARLOTTE, FL 33983 US		Mailing Address 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	4. FEI Number 59-2709278			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
STAIANO, FRED 25100 SANDHILL BLVD D 103 PUNTA GORDA, FL 33983			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	DORIO, FLO	NAME	Phillip Natali				
STREET ADDRESS	25100 SANDHILL BLVD # Q204	STREET ADDRESS	25100 Sandhill Blvd # C202				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33983	CITY-ST-ZIP	Port Charlotte, FL 33983				
TITLE	D <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	STAIANO, FRED	NAME	Michael Rao				
STREET ADDRESS	25100 SANDHILL BLVD D103	STREET ADDRESS	25100 Sandhill Blvd # S201				
CITY-ST-ZIP	PORT CHARLOTTE, FL	CITY-ST-ZIP	Port Charlotte, FL 33983				
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	KARNS, TOM	NAME	Frances Levatino				
STREET ADDRESS	25100 SANDHILL BLVD E-104	STREET ADDRESS	25100 Sandhill Blvd # D102				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33983	CITY-ST-ZIP	Port Charlotte, FL 33983				
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	LEVATINO, FRANCES	NAME	Madeline Luciano				
STREET ADDRESS	25100 SANDHILL BLVD T102	STREET ADDRESS	25100 Sandhill Blvd P204				
CITY-ST-ZIP	PUNTA GORDA, FL	CITY-ST-ZIP	Port Charlotte, FL 33983				
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	LOSCHIEDER, PETE	NAME	Joseph Marine				
STREET ADDRESS	25100 SANDHILL BLVD 0101	STREET ADDRESS	25100 Sandhill Blvd E103				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33983	CITY-ST-ZIP	Port Charlotte, FL 33983				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		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 another like empowered.							
SIGNATURE: 			Date: 		Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							