

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010953

FILED
Feb 13, 2009
Secretary of State

Entity Name: THE PORCHES AT DEEP CREEK I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1452/1462 RIO DE JANEIRO
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

C/O STAR HOSPITALITY MANAGEMENT, INC.
6025 TAYLOR ROAD UNIT 2
PUNTA GORDA, FL 33950

New Mailing Address:

C/O STAR HOSPITALITY MANAGEMENT, INC.
26530 MALLARD WAY
PUNTA GORDA, FL 33950

FEI Number: 20-5697513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT, INC.
6025 TAYLOR ROAD UNIT 2
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MANAGEMENT, INC.
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

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:

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADDISON, JUDITH
Address: 8261 BURNT STORE ROAD
City-St-Zip: PUNTA GORDA, FL 33955

Title: VP/S () Delete
Name: NEWFIELD, SARAH
Address: 23182 FULLERTON AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: T () Delete
Name: ST. PIERRE, JOHN
Address: 23132 AUGUST AVENUE
City-St-Zip: PUNTA GORDA, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH ADDISON

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date