

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 # N07274 (6)

1. Corporation Name

DEEP CREEK CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 512277  
PUNTA GORDA FL 33951-2277

P.O. BOX 512277  
PUNTA GORDA FL 33951-2277

3. Date Incorporated or Qualified  
01/23/1985

3a. Date of Last Report  
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. BOX 512277

26 P.O. BOX 512277

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PUNTA GORDA, FL

28 PUNTA GORDA, FL

24 Zip Country

29 Zip Country

33951-2277

33951-2277

4. FEI Number  
59-2522813

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLS, RUSSELL A.  
2040 MAZATLAN ROAD  
PUNTA GORDA FL 33983

81 Name  
MARY LOU GLEESON

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

2202 PETERBOROUGH RD.

83

84 City  
PUNTA GORDA

FL

85 Zip Code  
33983

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

*Mary Lou Gleeson*

MARY LOU GLEESON

4/2/96

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 PD  
NAME WILLS, RUSSELL A.  
STREET ADDRESS 2040 MAZATLAN ROAD  
CITY-ST-ZIP PUNTA GORDA FL ☒ DELETE

1.1 TITLE P/O  
1.2 NAME MARY LOU GLEESON ☐ Change ☒ Addition  
1.3 STREET ADDRESS 2202 PETERBOROUGH RD.  
1.4 CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE VPD  
NAME GLEESON, WILLIAM  
STREET ADDRESS 2202 PETERBOROUGH  
CITY-ST-ZIP PUNTA GORDA FL ☒ DELETE

2.1 TITLE V/D  
2.2 NAME ROGER CHIREAU  
2.3 STREET ADDRESS 26487 TRUJILLO DR.  
2.4 CITY-ST-ZIP PUNTA GORDA, FL 33983 ☐ Change ☒ Addition

TITLE SD  
NAME SUTLIFF, SANDRA  
STREET ADDRESS 194 MARACAL WAY  
CITY-ST-ZIP PUNTA GORDA FL ☒ DELETE

3.1 TITLE T/D  
3.2 NAME WILLIAM MCCAY  
3.3 STREET ADDRESS 1446 ST. GEORGE LA.  
3.4 CITY-ST-ZIP PUNTA GORDA, FL 33983 ☐ Change ☒ Addition

TITLE TD  
NAME CHIREAU, ROGER  
STREET ADDRESS 26487 TRUJILLO DR  
CITY-ST-ZIP PUNTA GORDA FL ☒ DELETE

4.1 TITLE S/D  
4.2 NAME WAYNE PALMER  
4.3 STREET ADDRESS 353 TRES LAGOAS ST.  
4.4 CITY-ST-ZIP PUNTA GORDA, FL 33983 ☐ Change ☒ Addition

TITLE D  
NAME QUEENER, DARLENE  
STREET ADDRESS 27151 TIERRA DEL FUEGO CIR.  
CITY-ST-ZIP PUNTA GORDA FL ☒ DELETE

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

TITLE D  
NAME SEAY, AUDREY B  
STREET ADDRESS 25083 WATEAU CT.  
CITY-ST-ZIP PUNTA GORDA FL ☒ DELETE

6.1 TITLE  
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:

*Mary Lou Gleeson*

MARY LOU GLEESON

4/2/96

941-629-7190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)