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Jan 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Country

24 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Country

29 Zip

3. Date Incorporated or Qualified
01/23/1985

3a. Date of Last Report
05/01/1996

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

GLEESON, MARY LOU
2202 PETERSBOROUGH RD.
PUNTA GORDA FL 33983

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	GLEESON, MARY LOU	
STREET ADDRESS	2202 PETERSBOROUGH RD.	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	V/D	<input checked="" type="checkbox"/> DELETE
NAME	CHREAU, ROGER	
STREET ADDRESS	26487 TRUJILLO DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	MCCAY, WILLIAM	
STREET ADDRESS	1446 ST. GEORGE LANE	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, WAYNE	
STREET ADDRESS	353 TRES LAGOAS ST.	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/D ARNOLD BURKE
2.3 STREET ADDRESS	80 RIO CUARTO ST.
2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33983
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S/D EMMA LOU CROCKET
4.3 STREET ADDRESS	2107 PETERBOROUGH RD.
4.4 CITY-ST-ZIP	PUNTA GORDA, FL 33983
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *William McCay* WILLIAM MCCAY 1/08/97 941-625-0470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067701

CR2E037 (9/96)