

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number

59-2522813

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 **SANDRA AYCOCK**

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

83 **PUNTA GORDA, FL**

84 City

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 **Sandra A. Aycock**

SANDRA AYCOCK

1/15/98

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	GLEESON, MARY LOU	
STREET ADDRESS	2202 PETERSBOROUGH RD.	
CITY-ST-ZIP	PUNTA GORDA FL 33983	

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANDRA AYCOCK	
1.3 STREET ADDRESS	109 MANIZAKS AVE.	
1.4 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	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, ARNOLD	
STREET ADDRESS	80 RIO CUARTO ST	
CITY-ST-ZIP	PUNTA GORDA FL	

3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CATHERINE GRAVE	
3.3 STREET ADDRESS	66 CALLAO ST.	
3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33983	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CROCKETT, EMMA LOU	
STREET ADDRESS	2107 PETERBOROUGH RD	
CITY-ST-ZIP	PUNTA GORDA FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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 REQUIRED William McCay** 1/15/98 941-625-0470

CR2E037 (10/97)