

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90194 043 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07274**

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	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	01/23/1985
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-2522813
24. Country	29. Country	Applied For
25.	30.	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
AYCOCK, SANDRA 109 MANIZAKS AVE PUNTA GORDA FL 33983		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

10. Name and Address of New Registered Agent	
81. Name	LESLIE HARRIS
82. Street Address (P.O. Box Number is Not Acceptable)	25240 DERRINGER RD.
83.	
84. City	PUNTA GORDA
85. Zip Code	FL 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 Leslie Harris, PD LESLIE HARRIS, PD 2/2/99  
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYCOCK, SANDRA	1.2 NAME	LESLIE HARRIS
STREET ADDRESS	109 MANIZAKS AVE	1.3 STREET ADDRESS	25240 DERRINGER RD.
CITY-ST-ZIP	PUNTA GORDA FL 33983	1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	T/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAY, WILLIAM	2.2 NAME	
STREET ADDRESS	1446 ST. GEORGE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33983	2.4 CITY-ST-ZIP	
TITLE	VO <input type="checkbox"/> DELETE	3.1 TITLE	VO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVE, CATHERINE	3.2 NAME	CATHERINE GRAUE
STREET ADDRESS	66 CALLAO ST	3.3 STREET ADDRESS	66 CALLAO ST.
CITY-ST-ZIP	PUNTA GORDA FL 33983	3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKETT, EMMA LOU	4.2 NAME	SANDRA HOWARD
STREET ADDRESS	2107 PETERBOROUGH RD	4.3 STREET ADDRESS	25256 DERRINGER RD.
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: William McCay WILLIAM MCCAY 2/2/99 941-625-0470  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (11/98)