## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

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

## 1999 DOCUMENT # N07274

1. Corporation Name

DEEP CREEK CIVIC ASSOCIATION, INC.

Principal	Place	of I	Business

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

P.O. BOX 512277

PUNTA GORDA FL 33951-2277

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2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 01/23/1985 Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. FEI Number 5.9-2522813 Not Applied For Not Applied For S.9-2522813 Not Applied For Not Applied For S.9-2522813 Signature 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualified 01/23/1985 Not Applied For Not Applied For S.9-2522813 Signature S. Certificate of Status Desired S. Certificate of Status Desired S. Status
Suite, Apt. #, etc.    Suite, Apt. #, etc.
22   27   59-2522813   Not Applicable
City & State  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Signature  Signature  Country  Country  Zip  Country  Zip  Country  Signature  Signature  Signature  Country  Country  Signature  Signature  Country  Signature  Signature  Country  Signature  S
23
Zip Country Zip Country Zip Country
24
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name   ESLIE HARRIS  82 Street Address / P.O. Box Number / P.D.  83 Street Address / P.O. Box Number / P.D.  84 City PUNTA GORDA FL 85 Zip Code agent. 1 am familiarly with, any age-capt they obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and line (lighthicable (NOTE: Registered Agent aignature required when reinstating)  SIGNATURE   P.D.   Signature   Typed or printed Father of registered agent and line (lighthicable (NOTE: Registered Agent aignature required when reinstating)   EATE    12. OFFICERS AND DIRECTORS   13. TITLE   P.D.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.    TITLE   P.D.   AVCOCK, SANDRA   12 NAME   12 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   PUNTA GORDA FL 33983   1.4 CITY-ST-ZIP   PUNTA GORDA FL 339
AYCOCK, SANDRA  109 MANIZAKS AVE PUNTA GORDA FL 33983  84 City PUNTA GORDA FL 85 Zip Code 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 familiarly with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature Typped or printed faffine of registered agent and size if phyllicable (NOTE: Registered Agent signature required when reinstating)  AYCOCK, SANDRA  STREET ADDRESS  CITY-ST-ZIP  PUNTA GORDA FL 85 Zip Code 3 3983  84 City PUNTA GORDA FL 85 Zip Code 3 3983  85 Zip Code 3 3983  86 City PUNTA GORDA  FL 86 Zip Code 3 3983  87 City PUNTA GORDA  FL 86 Zip Code 3 3983  86 City PUNTA GORDA  FL 86 Zip Code 3 3983  87 City PUNTA GORDA  FL 86 Zip Code 3 3983  87 City PUNTA GORDA  FL 86 Zip Code 3 3983  87 City PUNTA GORDA  FL 86 Zip Code 3 3983  87 City PUNTA GORDA  FL 86 Zip Code 3 3983  88 City PUNTA GORDA  FL 86 Zip Code 3 3983  89 Zip Code 3 3983  80 City PUNTA GORDA  FL 86 Zip Code 3 3983  80 City PUNTA GORDA  FL 86 Zip Code 3 3983  80 City PUNTA GORDA  FL 86 Zip Code 8 Zip Code
AYCOCK, SANDRA  109 MANIZAKS AVE PUNTA GORDA FL 33983  82 Stract Address P.O. Box Number is Not Acceptable. RD.  83  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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  AYCOCK, SANDRA  STREET ADDRESS  CITY. ST. ZIP  PUNTA GORDA FL 33983  LESLIE HARRIS  ACDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LESLIE HARRIS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ACCHANGE  12 NAME  12 NAME  13 STREET ADDRESS  CITY. ST. ZIP  PUNTA GORDA FL 33983  CHARTY ST. ZIP  PUNTA GORDA FL 33983  CHARTY ST. ZIP  PUNTA GORDA FL 33983  CHARTY ST. ZIP  PUNTA GORDA FL 33983
PUNTA GORDA FL 33983  84 City PUNTA GORDA FL 85 Zip Code 333783  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 and the right purplicable (NOTE: Registered Agent signature required when reinstating)  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  ACCOCK, SANDRA  12. NAME  AYCOCK, SANDRA  12. NAME  AYCOCK, SANDRA  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LESLIE HARRIS  PL  ACCOMBANIZARS AVE  13. STREET ADDRESS  109 MANIZAKS AVE  13. STREET ADDRESS  109 MANIZAKS AVE  13. STREET ADDRESS  14. CITY-ST-ZIP  PUNTA GORDA FL 33983  14. CITY-ST-ZIP  PUNTA GORDA FL 33983  CITY-ST-ZIP  PINTA GORDA FL 33983  2. 4. CITY-ST-ZIP  PINTA GORDA FL 33983  2. 4. CITY-ST-ZIP  PINTA GORDA FL 33983
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SIGNATURE    Signature   Signa
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DChange Addition  NAME AYCOCK, SANDRA  STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33983  TITLE T/D DELETE 2.1 TITLE  NAME MCCAY, WILLIAM  STREET ADDRESS 1.446 ST. GEORGE LANE  CITY-ST-ZIP PUNTA GORDA FL 33983
12. OFFICERS AND DIRECTORS  TITLE PD DC Change Addition  NAME AYCOCK, SANDRA  STREET ADDRESS 109 MANIZAKS AVE  CITY-ST-ZIP PUNTA GORDA FL 33983  TITLE T/D DELETE 21 TITLE  NAME MCCAY, WILLIAM  STREET ADDRESS 1446 ST. GEORGE LANE  CITY-ST-ZIP PUNTA GORDA FL 33983  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PD DELETE 1.1 TITLE PD DELETE 25 TITLE 25 TITLE 27 TI
AYCOCK, SANDRA  STREET ADDRESS CITY-ST-ZIP  NAME  MCCAY, WILLIAM  STREET ADDRESS CITY-ST-ZIP  PUNTA GORDA FL 33983  DELETE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  PUNTA GORDA FL 33983  LESLIE HARRIS 2.5 240 DERRINGER RD. PUNTA GORDA, FL 33983  DELETE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS CITY-ST-ZIP  PUNTA GORDA FL 33983  2.4 CITY-ST-ZIP
STREET ADDRESS 109 MANIZAKS AVE 1.3 STREET ADDRESS 25240 DERRINGER RD.  ITILE T/D DELETE 21 TITLE  NAME MCCAY, WILLIAM  STREET ADDRESS 14 CITY-ST-ZIP  PUNTA GORDA FL 33983  CITY-ST-ZIP  PUNTA GORDA FL 33983  1.3 STREET ADDRESS 2.5 240 DERRINGER RD.  PUNTA GORDA FL 33983  DELETE 2.1 TITLE 2.2 NAME  2.2 NAME  2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  PUNTA GORDA FL 33983
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TITLE T/D DELETE 2.1 TITLE 2.2 NAME  NAME MCCAY, WILLIAM 2.2 NAME  STREET ADDRESS 1446 ST. GEORGE LANE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP PUINTA GORDA FI 33983 2.4 CITY-ST-ZIP
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STREET ADDRESS  1446 ST. GEORGE LANE  2.3 STREET ADDRESS  CITY-ST-ZIP  PUNTA GORDA FI 33983  2.4 CITY-ST-ZIP
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CITY-ST-ZIP PUNTA GORDA FL 33983 2.4 CITY-ST-ZIP
TITLE VD DELETE 3.1 TITLE VD Addition
NAME GRAVE, CATHERINE 32 NAME CATHERINE GRAVE
STREET ADDRESS 66 CALLAO ST 33 STREET ADDRESS 66 CALLAO ST. PUNTA GORDA FL 33983 34. CITY-ST-ZIP PUNTA GORDA FL 33983
SO CON HOWARD
NAME CROCKETT, EMMA LOU 4.2 NAME SANDRA HOWFINGER RD
STREET ADDRESS 2107 PETERBOROUGH RD 43 STREET ADDRESS 25 25 25 26 DERRY 33982
CITY-ST-ZIP PUNTA GORDA FL 44CITY-ST-ZIP PUNTA GORDA, FL 33983
THE STANGE
NAME 5 3 STREET ADDRESS
STREET ALUNESS
CITY-ST-ZIP
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
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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:

R2E037 (11/98)