

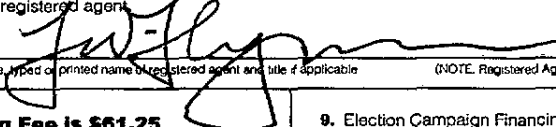
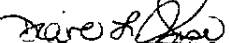


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 26, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # N07274</b> 1. Entity Name <b>DEEP CREEK CIVIC ASSOCIATION, INC.</b>			
Principal Place of Business <b>P.O. BOX 512277 PUNTA GORDA, FL 33951-2277</b>		Mailing Address <b>P.O. BOX 512277 PUNTA GORDA, FL 33951-2277</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		01102005 No Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-2522813</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FLYNN, TOM 25456 RANCAGUA DR PUNTA GORDA, FL 33983</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>1/21/05</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURR, CHRISTINE MS 2116 ONONDAGA LN PUNTA GORDA, FL 33983		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D WISE, DIANE MS 25357 AYSER DR PUNTA GORDA, FL 33983		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTELLI, LEON MR 26081 PAYSANDU DR PUNTA GORDA, FL 33983		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSEN, DON 2178 RIO DE JANEIRO PUNTA GORDA, FL 33983		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLYNN, THOMAS MR 25456 RANCAGUA DR PUNTA GORDA, FL 33983		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBBS, DON MR 360 MARANON WAY PUNTA GORDA, FL 33983		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b>  <b>TREASURER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		01/18/05 (941) 628-3983 <small>Date Daytime Phone #</small>	