

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07274

FILED  
Sep 06, 2006  
Secretary of State

**Entity Name:** DEEP CREEK CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 512277  
PUNTA GORDA, FL 339512277

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 512277  
PUNTA GORDA, FL 339512277

**New Mailing Address:**

**FEI Number:** 59-2522813      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FLYNN, TOM  
25456 RANCAGUA DR  
PUNTA GORDA, FL 33983      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD      ( ) Delete  
Name: BURR, CHRISTINE MS  
Address: 2116 ONONDAGA LN  
City-St-Zip: PUNTA GORDA, FL 33983

Title: T/D      ( ) Delete  
Name: WISE, DIANE MS  
Address: 25357 AYSEN DR  
City-St-Zip: PUNTA GORDA, FL 33983

Title: VD      ( ) Delete  
Name: MARTELLI, LEON MR  
Address: 26081 PAYSANDU DR  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D      ( ) Delete  
Name: PETERSEN, DON  
Address: 2178 RIO DE JANEIRO  
City-St-Zip: PUNTA GORDA, FL 33983

Title: PD      ( ) Delete  
Name: FLYNN, THOMAS MR  
Address: 25456 RANCAGUA DR  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D      ( ) Delete  
Name: HOBBS, DON MR  
Address: 360 MARANON WAY  
City-St-Zip: PUNTA GORDA, FL 33983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON MARTELLI

PRES

09/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date