


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90181 050 \*\*\*\*61.25

<b>DOCUMENT # N07274</b> 1. Entity Name <b>DEEP CREEK CIVIC ASSOCIATION, INC.</b>					
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 - No P.O. Box # <b>Same as above</b>		3. Mailing Address <b>Same as above</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2522813</b>	
Zip		Country <b>Charlotte Co</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FLYNN, TOM</b> <b>25456 RANCAGUA DR</b> <b>PUNTA GORDA, FL 33983</b>			7. Name and Address of New Registered Agent Name <b>Christine Burr</b> Street Address (P.O. Box Number is Not Acceptable) <b>2116 Onondaga Lane</b> City <b>Punta Gorda</b> <b>FL</b> Zip Code <b>33983</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 <u>Christine Burr</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/20/07</u>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Burr, Christine MS 2116 ONONDAGA LN PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Christine Burr 2116 Onondaga Lane Punta Gorda FL 33983	Title <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Wise, Diane MS 25357 Aysen Dr Punta Gorda, FL 33983	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Carol Colicchio 2278 Nuremburg Blvd. Punta Gorda 33983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Martelli, Leon MR 26081 Paysandu Dr Punta Gorda, FL 33983	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dorothy Aitkenhead 31 Bariluche Dr Punta Gorda 33983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Petersen, Don 2178 Rio de Janeiro Punta Gorda, FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Froelich 26629 Barranguilla Ave Punta Gorda 33983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Flynn, Thomas MR 25456 RANCAGUA DR PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Caren Bond 2175 Rio de Janeiro Punta Gorda 33983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hobbs, Don MR 380 Maranon Way Punta Gorda, FL 33983	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Froelich 26629 Barranguilla Ave Punta Gorda 33983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <u>Christine Burr</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/20/07 941-764-1866 Date Daytime Phone #		

Christine Burr, President  
2007