

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N07274

1. Entity 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**



01112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2522813

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURR, CHRISTINE
2116 ONONDOGA LANE
PUNTA GORDA, FL 33983**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BURR, CHRISTINE
STREET ADDRESS 2116 ONONDAGA LN
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE TVD
NAME COLICCHIO, CAROL
STREET ADDRESS 2278 NUREMBURG BLVD
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE SD
NAME AITKENHEAD, DOROTHY
STREET ADDRESS 31 BARILUCHE DR
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE D
NAME PETERSEN, DON
STREET ADDRESS 2178 RIO DE JANEIRO
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE D
NAME FROELICH, WILLIAM
STREET ADDRESS 26629 BARRANGUILLA AVE
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE D
NAME BOND, CAREN
STREET ADDRESS 2175 RIO DE JANEIRO
CITY-ST-ZIP PUNTA GORDA, FL 33983

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02/27/08-80072-020 61.25

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IN THIS SPACE**

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:

Christine Burr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine Burr, President DCCA

2/13/08

Date

Daytime Phone #