FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15083 (1)

1. Corporation Name

PARK PLACE OF DEEP CREEK CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
C/O ROBERT C. SIFRIT 3906 RANCH CREEK DR AUSTIN TX 78730	C/O ROBERT C. SIFRIT 3906 RANCH CREEK DR AUSTIN TX 78730

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1986	3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1649119	☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIFRIT, ROBERT C., 2315 AARON STREET PORT CHARLOTTE FL 33952	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) Date ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLDEN, HELEN A.	1.2 NAME	
STREET ADDRESS	3906 RANCH CREEK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	LEONARD, F. RICHARD	2.2 NAME	
STREET ADDRESS	144 W. MARION AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	FABER, RUSSELL C.	3.2 NAME	
STREET ADDRESS	1625 W. MARION AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BRUCE, MAY	4.2 NAME	
STREET ADDRESS	4/2 SUCCOTH CT	4.3 STREET ADDRESS	4/2 SUCCOTH CT
CITY-ST-ZIP	EDINBURGH, SCOTLAND.	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WHITESIDE, JOAN D.	5.2 NAME	
STREET ADDRESS	WYMAN HILL	5.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSTOCK VT	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Helen A. Holden — HELEN A. HOLDEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-95 (Date)   512-343-2132 (Daytime Phone #)

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