## N.15644

(Requestor's Name)
(Address)
( idaists)
· .
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operational actions to 1 amig officer.

Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: DEEP CREEK GARDENS CONDO ASSOC, Name of Corporation
DOCUMENT NUMBER: N 15644
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSEPHINE STEPHENS - MANAGER  Name of Contact Person
DEEP CREEK GARDENS GNOO. ASSOC, INC. Firm/Company
25100 SANDHILL BRVD, X 104 Address
PUNTA GORDA, FL. 33983 City/State and Zip Code
DCG OFF X 104 @ HOTMAIL. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TOSEPHINE STEPHENS at (941) 629-4779  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of FLORIDA or corporation organized under the laws of the State of Florida.
1. The name of th	ne corporation: DEEP CREEK GARDENS CONDOMINIUM ASSOCIATION, I
2. The principal o	office address: 25/00 SANDHILL BLVD. X 104
	PUNTA GORDA, FL. 33983
3. The mailing ad	dress (if different): SAME
4. Date of incorpo	oration/qualification: 6/27/1986 Document number: N 15644
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
-	FRED STAIANO (RESIGNED)
-	25100 SANDHILL BLUD. DIO3
-	PUNTA GORDA, FL. 33983
6. The name and some (if changed):	street address of the new registered agent (if changed) and /or registered office
2	JOSEPHINE STEPHENS
<u> </u>	25100 SANDHILL BLVD. X 104 P.O. Box NOT acceptable
•	PUNTA GORDA, FL. 33983
The street addres as changed will b	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so board) or the corporation has been notified in writing of the change.
Signature	TIANASIANO  TOHN PIGNATARO  Printed or typed name and title
I hereby accept to I further agree to of my duties, and document is bein corporation has i	he appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete performance if I am familiar with and accept the obligation of my position as registered agent. Or, if this if I am familiar with and accept the obligation of my position as registered agent. Or, if this if I am familiar with an accept the obligation of my position as registered agent. Or, if this if I am family is a change in the registered office address, I hereby confirm that the been notified in writing of this change.
	ature of Registered Agent 10/15/09  Date
If signing on beh	
	The Proceedings of the Control of th
Typ	ped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*