


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90020 033 ****61.25

DOCUMENT # N19130 1. Entity Name TOWNHOMES OF DEEP CREEK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1801 GLENGARY STREET SARASOTA, FL 34231 US			Mailing Address 1801 GLENGARY STREET SARASOTA, FL 34231 US		
2. Principal Place of Business - No P.O. Box # 1186 Rio De Janeiro		3. Mailing Address 6025 Taylor Rd #2			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Punta Gorda, FL		City & State Punta Gorda, FL			
Zip 33983		Country USA		Zip 33950	
Country USA		Country USA			
6. Name and Address of Current Registered Agent PROGRESSIVE COMMUNITY MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name Star Hospitality mgf Street Address (P.O. Box Number is Not Acceptable) 6025 Taylor Rd #2 City Punta Gorda FL Zip Code 33950		
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>Sherry Danko</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKER, JIM <input checked="" type="checkbox"/> Delete 1801 GLENGARY STREET SARASOTA, FL 34231				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUTTON, WILLIAM <input checked="" type="checkbox"/> Delete 1801 GLENGARY STREET SARASOTA, FL 34231				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO President ALLDER, LARRY <input type="checkbox"/> Delete P O BOX 380758 PUNTA GORDA, FL 33983				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CROMIKA, JOHN <input checked="" type="checkbox"/> Delete P O BOX 380758 MURDOCK, FL 33938				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHADBOURNE, KEN <input checked="" type="checkbox"/> Delete P O BOX 380758 MURDOCK, FL 33938				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert Bailey 1196 C Rio De Janeiro Ave Punta Gorda, FL 33983				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ray Bostock President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1216 I Rio De Janeiro Ave Punta Gorda, FL 33983				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Dempsey 1186 J Rio De Janeiro Ave Punta Gorda, FL 33983				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition Lawrence Hughes 1216 B Rio De Janeiro Ave Punta Gorda, FL 33983				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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>John R...</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

40056218



03192007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2768301

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROGRESSIVE COMMUNITY MANAGEMENT, INC.
1801 GLENGARY STREET
SARASOTA, FL 34231

Name
Star Hospitality mgf
Street Address (P.O. Box Number is Not Acceptable)
6025 Taylor Rd #2
City
Punta Gorda FL Zip Code
33950

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SIGNATURE Sherry Danko

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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Due by May 1, 2007**

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Trust Fund Contribution. ☐

**\$5.00 May Be
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**Make check payable to
Florida Department of State**

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #