


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90020 018 ****61.25

DOCUMENT # N19130 1. Entity Name TOWNHOMES OF DEEP CREEK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1186 RIO DEJANEIRO PUNTA GORDA, FL 33983 US			Mailing Address 6025 TAYLOR RD PUNTA GORDA, FL 33950 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2768301	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STAR HOSPITALITY MGT 6025 TAYLOR RD PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <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, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAILEY, ROBERT 1196 C RIO DEJANERRO AVE PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SELT. JANET POPLAWSKI 1343 RIO DE JANEIRO AVE. PUNTA GORDA, FL. 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOSTOCK, RAY 1216 I RIO DE JANERRO AVE PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLDER, LARRY P O BOX 380758 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMPSEY, JOHN 1186 J RIO DE JANERRO AVE PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CATHERINE DE COSTE 1216 C RIO DE JANEIRO AVE. PUNTA GORDA, FL. 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, LAWRENCE 1216 B RIO DE JANERRO PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNEST TASHO 1186A RIO DE JANEIRO AVE PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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: <i>Janet Poplawski</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 2/18/08 Daytime Phone #: 941-575-6764	