

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90438 046 ****61.25

DOCUMENT # N36368 1. Entity Name BUENA VISTA OF DEEP CREEK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1375 SAXONY CIRCLE UNIT 122 PORT CHARLOTTE, FL 33983			Mailing Address C/O GFBS INC 2421 SHREVE ST, #115 PUNTA GORDA, FL 33950 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0340475	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BENNETT, D C/O GFBS INC 2421 SHREVE ST, #115 PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
Filing Fee is \$61.25 Due by May 1, 2007		\$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	TPD WYLIE, DICK 1355 SAXONY CIRCLE 3321 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYLIE, DICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURPHY, MARILYN 1355 SAXONY CIRCLE #212 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MURPHY, MARILYN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, EDWARD 1335 SAXONY CIR, #213 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO WELINK, JOANNE 1335 SAXONY CIRCLE #316 PUNTA GORDA, FL 33983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IMO, FRAN 1375 SAXONY CIRCLE #112 PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FREEMAN, BRUCE A. 1335 SAXONY CIRCLE #316 PUNTA GORDA, FL 33983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, SUE 1375 SAXONY CIRCLE #121 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, SUE 1375 SAXONY CIRCLE #121 PUNTA GORDA, FL 33983	<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>Marilyn D Murphy, President</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>4/25/07</u>					