


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90395 039 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BENNETT, D C/O GFBS INC 2421 SHREVE ST, #115 PUNTA GORDA, FL 33950				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">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 _____ (NOTE: Registered Agent signature required when constating) _____ DATE _____					
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	D WYLIB, DICK 1355 SAXONY CIRCLE 3321 PUNTA GORDA, FL 33983		TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT Richard Wylie 1355 SAXONY CIR #211 PUNTA GORDA FL 33983	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PS MURPHY, MARILYN 1355 SAXONY CIRCLE #212 PUNTA GORDA, FL 33983		TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MURPHY, EDWARD 1335 SAXONY CIR, #213 PUNTA GORDA, FL 33983		TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD WELLING, JOANNE 1335 SAXONY CIRCLE #316 PUNTA GORDA, FL 33983		TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP ANNA MAE MERRIMAN 1335 SAXONY CIR #315 PUNTA GORDA FL 33983	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FLYNN, SUE 1375 SAXONY CIRCLE #121 PUNTA GORDA, FL 33983		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD FREEMAN, BRUCE A 1535 SAXONY CIRCLE #316 NORTH FORT MYERS, FL 33903		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 a power like empowered.					
SIGNATURE: <i>Donna M. Bennett</i> R.A./C.A.M. 4/25/08 941-639-1142					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					