

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 10, 2008
Secretary of State

DOCUMENT# N36368

Entity Name: BUENA VISTA OF DEEP CREEK CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1375 SAXONY CIRCLE UNIT 122
PORT CHARLOTTE, FL 33983**New Principal Place of Business:****Current Mailing Address:**C/O GFBS INC
2421 SHREVE ST, #115
PUNTA GORDA, FL 33950 US**New Mailing Address:****FEI Number:** 65-0340475 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BENNETT, D
C/O GFBS INC
2421 SHREVE ST, #115
PUNTA GORDA, FL 33950 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DT () Delete
Name: RICHARD, WYLIE
Address: 1355 SAXONY CIR #211
City-St-Zip: PUNTA GORDA, FL 33983**Title:** DS () Delete
Name: MURPHY, MARILYN
Address: 1355 SAXONY CIRCLE #212
City-St-Zip: PUNTA GORDA, FL 33983**Title:** DP () Delete
Name: MURPHY, EDWARD
Address: 1335 SAXONY CIR, #213
City-St-Zip: PUNTA GORDA, FL 33983**Title:** DVP (X) Delete
Name: MERRIMAN, ANNA M
Address: 1335 SAXONY CIR #315
City-St-Zip: PUNTA GORDA, FL 33983**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DS (X) Change () Addition
Name: GULLICK, KATHY
Address: 1355 SAXONY CIRCLE #325
City-St-Zip: PUNTA GORDA, FL 33983**Title:** DP (X) Change () Addition
Name: MERRIMAN, ANNA MAE
Address: 1335 SAXONY CIR, #315
City-St-Zip: PUNTA GORDA, FL 33983**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY M BENNETT

RA

06/10/2008

Electronic Signature of Signing Officer or Director

Date