

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07274

**Entity Name:** DEEP CREEK CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**26217 RAMPART BLVD.  
ATTN: CIVIC ASSOCIATION  
PUNTA GORDA, FL 33951-2277**Current Mailing Address:**P.O. BOX 512277  
PUNTA GORDA, FL 33951-2277**FEI Number:** 59-2522813**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUBE, CAROLANNE  
26217 RAMPART BLVD.  
PUNTA GORDA, FL 33951 US*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:** CAROLANNE DUBE

03/10/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DUBE, CAROLANNE  
Address        P.O. BOX 512277  
City-State-Zip: PUNTA GORDA FL 33951-2277

Title            SECRETARY  
Name            OLBY, NOELLE  
Address        P.O. BOX 512277  
City-State-Zip: PUNTA GORDA FL 33951-2277

Title            BD  
Name            KELSEY, SYLVIA  
Address        26217 RAMPART BLVD.  
                  ATTN: CIVIC ASSOCIATION  
City-State-Zip: PUNTA GORDA FL 33951-2277

Title            VP  
Name            YOUSKO, MAURA  
Address        26217 RAMPART BLVD.  
                  ATTN: CIVIC ASSOCIATION  
City-State-Zip: PUNTA GORDA FL 33951-2277

Title            TRES  
Name            CORMIER, DAVID  
Address        26217 RAMPART BLVD.  
                  ATTN: CIVIC ASSOCIATION  
City-State-Zip: PUNTA GORDA FL 33951-2277

Title            BD  
Name            LUCEY, JOHN  
Address        26217 RAMPART BLVD.  
                  ATTN: CIVIC ASSOCIATION  
City-State-Zip: PUNTA GORDA FL 33951-2277

*I hereby 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 all other like empowered.*

**SIGNATURE:** CAROLANNE DUBE

PRESIDENT

03/10/2018

Electronic Signature of Signing Officer/Director Detail

Date