FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:15

DOCUMENT # 732433 (8)

1. Corporation Name

PRAIRIE CREEK PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~3900 HIDDEN VALLEY CIRCLE~~ P.O. BOX 1022 PUNTA GORDA FL 33951	~~3900 HIDDEN VALLEY CIRCLE~~ P.O. BOX 1022 PUNTA GORDA FL 33951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1975
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2325604 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

POLK, JOHN L.
141 W MARION AVE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	V ☒ Change ☐ Addition
NAME	STONE, SAMUEL S.	12 NAME	
STREET ADDRESS	16140 FOREST GLEN CT.	13 STREET ADDRESS	
CITY ST ZIP	PUNTA GORDA FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	PD ☒ Change ☐ Addition
NAME	ONOFRI, WAYNE	22 NAME	
STREET ADDRESS	3460 HIDDEN VALLEY CIR.	23 STREET ADDRESS	
CITY ST ZIP	PUNTA GORDA FL	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	HALL, JONATHAN	32 NAME	
STREET ADDRESS	16160 FOREST GLEN CT.	33 STREET ADDRESS	
CITY ST ZIP	PUNTA GORDA FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	SEC ☒ Change ☐ Addition
NAME	MORGAN, AL	42 NAME	Rego, Jeanne
STREET ADDRESS	P.O. BOX 505 N/A	43 STREET ADDRESS	16250 Ridgewood Court
CITY ST ZIP	PUNTA GORDA FL	44 CITY ST ZIP	Punta Gorda, Fl 33982
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	COLLINS, RONALD	52 NAME	REMITTED BY MAY 1
STREET ADDRESS	2749 ST. THOMAS DR.	53 STREET ADDRESS	
CITY ST ZIP	PUNTA GORDA FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	KENNEDY, CATHERINE	62 NAME	Gates, Leland III
STREET ADDRESS	15650 PRAIRIE CREEK BLVD.	63 STREET ADDRESS	5301 Cypress Grove Cir
CITY ST ZIP	PUNDA GORDA FL	64 CITY ST ZIP	Punta Gorda, Fl 33982

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jonathan D. Hall 15 MAY 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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