

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norstrom
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
5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 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 _____
Signature of person authorized to accept appointment as registered agent

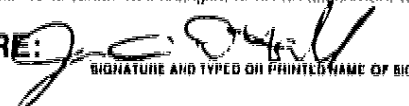
12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STONE, SAMUEL S.
STREET ADDRESS	16140 FOREST GLEN CT.
CITY, ST, ZIP	PUNTA GORDA FL
TITLE	V
NAME	ONOFRI, WAYNE
STREET ADDRESS	3460 HIDDEN VALLEY CIR.
CITY, ST, ZIP	PUNTA GORDA FL
TITLE	T
NAME	HALL, JONATHAN
STREET ADDRESS	16160 FOREST GLEN CT.
CITY, ST, ZIP	PUNTA GORDA FL
TITLE	D
NAME	MORGAN, AL
STREET ADDRESS	P.O. BOX 505 N/A
CITY, ST, ZIP	PUNTA GORDA FL
TITLE	D
NAME	COLLINS, RONALD
STREET ADDRESS	2749 ST. THOMAS DR.
CITY, ST, ZIP	PUNTA GORDA FL
TITLE	D
NAME	KENNEDY, CATHERINE
STREET ADDRESS	15650 PRAIRIE CREEK BLVD.
CITY, ST, ZIP	PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	V	☒ Change ☐ Addition
15 NAME		
16 STREET ADDRESS		
17 CITY, ST, ZIP		
18 TITLE	PD	☒ Change ☐ Addition
19 NAME		
20 STREET ADDRESS		
21 CITY, ST, ZIP		
22 TITLE		☐ Change ☐ Addition
23 NAME		
24 STREET ADDRESS		
25 CITY, ST, ZIP		
26 TITLE	SEC	☒ Change ☐ Addition
27 NAME	Rego, Jeanne	
28 STREET ADDRESS	16250 Ridgewood Court	
29 CITY, ST, ZIP	Punta Gorda, FL 33982	
30 TITLE		☐ Change ☐ Addition
31 NAME		
32 STREET ADDRESS		
33 CITY, ST, ZIP		
34 TITLE	D	☒ Change ☐ Addition
35 NAME	Gates, Leland III	
36 STREET ADDRESS	5301 Cypress Grove Cir	
37 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 110.07(3)(a), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
15 MAY 1 95
Date
15, June 1995
Date