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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732433 (8)
 1. Corporation Name
PRAIRIE CREEK PARK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 3900 HIDDEN VALLEY CIRCLE P.O. BOX 1022 PUNTA GORDA FL 33951	Mailing Address 3900 HIDDEN VALLEY CIRCLE P.O. BOX 1022 PUNTA GORDA FL 33951
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3. Date Incorporated or Qualified 04/11/1975	
4. FEI Number 59-2325604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LAUKENMANN, JANET
STREET ADDRESS	3101 HIDDEN VALLEY CIR
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	P <input type="checkbox"/> DELETE
NAME	ONOFRI, WAYNE
STREET ADDRESS	3480 HIDDEN VALLEY CIR.
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	HALL, JONATHAN
STREET ADDRESS	18180 FOREST GLEN CT.
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	CHEATHAM, ALTON
STREET ADDRESS	18151 WILD PEPPER COURT
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FARIA, JANET
STREET ADDRESS	3501 HIDDEN VALLEY CIR
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	GATES, LELAND I
STREET ADDRESS	8301 CYPRESS GROVE CIR
CITY-ST-ZIP	PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DELOSIER, LAWRENCE H.
1.3 STREET ADDRESS	17901 WOOD PATH COURT
1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33982
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TUCK, ROBERT JAMES
2.3 STREET ADDRESS	2745 TAMiami TRAIL
2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PRESSLEY, JODY
3.3 STREET ADDRESS	16151 Prairie Creek Blvd
3.4 CITY-ST-ZIP	PUNTA GORDA, FL
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CHEATHAM, ALTON
4.3 STREET ADDRESS	18151 WILD PEPPER COURT
4.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GATES, LELAND
6.3 STREET ADDRESS	5301 CYPRESS GROVE CIR
6.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950

14. I hereby certify that the information supplied with this filing 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: *Alton L Cheatham*

6/4/98

CR2E037 (10/97)