

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90021 035 ****61.25

DOCUMENT # 732433

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	18151 WILD PEPPER CT	26	P.O. BOX 511022	04/11/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2325604	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	PUNTA GORDA, FL	28	PUNTA GORDA, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	33982	25	CHARLOTTE	29	33951-1022
		30	CHARLOTTE		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
POLK, JOHN L. 141 W MARION AVE PUNTA GORDA FL 33950				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 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DELOSIER, LAWRENCE H.			1.2 NAME			
STREET ADDRESS	17901 WOOD PATH COURT			1.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL 33982			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ONOFRI, WAYNE			2.2 NAME			
STREET ADDRESS	3460 HIDDEN VALLEY CIR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TUCK, ROBERT JAMES			3.2 NAME			
STREET ADDRESS	2745 TAMiami TRAIL			3.3 STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHEATHAM, ALTON			4.2 NAME			
STREET ADDRESS	18151 WILD PEPPER COURT			4.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL 33950			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRESSLEY, JODY			5.2 NAME			
STREET ADDRESS	16151 PRAIRIE CREEK BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GATES, LELAND I			6.2 NAME			
STREET ADDRESS	5301 CYPRESS GROVE CIR			6.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL 33950			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: Alton L. Cheatham **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alton L. Cheatham

5/27/99

Date

941-575-5495

Daytime Phone #

CR2E037 (11/98)

0062366