

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90013 038 ****61.25

DOCUMENT # 732433

1. Entity Name

PRAIRIE CREEK PARK PROPERTY OWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

18151 WILD PEPPER CT
 PUNTA GORDA FL 33982

PO BOX 511022
 PUNTA GORDA FL 33951-1022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2325604

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **DELOSIER, LAWRENCE H.**
 STREET ADDRESS **17901 WOOD PATH COURT**
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **ONOFRI, WAYNE**
 STREET ADDRESS **3460 HIDDEN VALLEY CIR.**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TUCK, ROBERT JAMES**
 STREET ADDRESS **2745 TAMiami TRAIL**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **CHEATHAM, ALTON**
 STREET ADDRESS **18151 WILD PEPPER COURT**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PRESSLEY, JODY**
 STREET ADDRESS **16151 PRAIRIE CREEK BLVD**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE Change Addition
 NAME **S PATRICIA BRAZZI**
 STREET ADDRESS **17251 PRAIRIE CREEK BLVD**
 CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE **D** Delete
 NAME **GATES, LELAND I**
 STREET ADDRESS **5301 CYPRESS GROVE CIR**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alton Cheatham* **ALTON CHEATHAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

Date

941-575-5495

Daytime Phone #

CR2E037 (9/99)