

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90003 037 ****61.25

DOCUMENT # 732433

1. Entity Name

PRAIRIE CREEK PARK PROPERTY OWNERS ASSOCIATION,

Principal Place of Business

18151 WILD PEPPER CT
 PUNTA GORDA FL 33982

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

59-2325604

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 **D** 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 **VP** 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 **D.** Change Addition
 NAME **CHUCK HACKBARTH**
 STREET ADDRESS **3084 SEAFARER DRIVE**
 CITY-ST-ZIP **PUNTA GORDA, FL 33982**

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

TITLE **T** Change Addition
 NAME **KEVIN SMITH**
 STREET ADDRESS **16141 FOREST GLEN COURT**
 CITY-ST-ZIP **PUNTA GORDA, FL 33982**

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

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE **P** 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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01
 Date

Daytime Phone #

CR2E037 (10/00)