

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90051 018 ****61.25

DOCUMENT # 732433
 1. Entity Name
 PRAIRIE CREEK PARK PROPERTY OWNERS ASSOCIATION, INC.



400003110



Principal Place of Business
 15651 PRAIRIE CREEK BLVD
 PUNTA GORDA, FL 33982

Mailing Address
 PO BOX 511022
 PUNTA GORDA, FL 33951-1022

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

01102008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2325604

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 R&A AGENTS, INC
 ATTN: STEVEN M FALK, ESQ
 850 PARK SHARE DRIVE, 3RD FLOOR
 NAPLES, FL 34103

7. Name and Address of New Registered Agent
 Name DAVID K. OAKS, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 407 EAST MARION AVENUE, SUITE 101
 City PUNTA GORDA FL Zip Code 33950

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David K. Oaks* DATE 1-11-08

Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KINDLE, CHARLES 6000 CYPRESS GROVE CIRCLE PUNTA GORDA, FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINDLE, CHARLES 6000 CYPRESS GROVE CIRCLE PUNTA GORDA, FL 33982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GATES, LELAND 5301 CYPRESS GROVE CIRCLE PUNTA GORDA, FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUSGRAVE, THOMAS 3900 HIDDEN VALLEY CIRCLE PUNTA GORDA, FL 33982 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASTRY, SUSAN 6851 CYPRESS GROVE CIRCLE PUNTA GORDA, FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Charles Kindle* CHARLES KINDLE DATE 1-10-2008 DAYTIME PHONE # 941 661 9966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #