

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90171 013 \*\*\*\*61.25

**DOCUMENT # 732433**

1. Entity Name

**PRAIRIE CREEK PARK PROPERTY OWNERS ASSOCIATION, INC.**



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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DELOSIER, LAWRENCE H.</b> <b>17901 WOOD PATH COURT</b> <b>PUNTA GORDA FL 33982</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HOOPERMAN, WERNER</b> <b>3701 HIDDEN VALLEY CIRCLE</b> <b>PUNTA GORDA FL 33982</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HACKBARTH, CHUCK</b> <b>3084 SEAFARER DRIVE</b> <b>PUNTA GORDA FL 33982</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SMITH, KEVIN</b> <b>16141 FOREST GLEN COURT</b> <b>PUNTA GORDA FL 33982</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WHITE, PATRICIA</b> <b>5750 CYPRESS GROVE CIR.</b> <b>PUNTA GORDA FL 33982</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GATES, LELAND I</b> <b>5301 CYPRESS GROVE CIR</b> <b>PUNTA GORDA FL 33950</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Anthony Padula</b> <b>16650 Prairie Creek Blvd</b> <b>Punta Gorda, FL 33982</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Jack Slear</b> <b>3100 Hidden Valley Circle</b> <b>Punta Gorda, FL 33982</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Kathleen Roberts</b> <b>16000 Water Oak Ct.</b> <b>Punta Gorda, FL 33982</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: \_\_\_\_\_

CFR2E037 (10/02)