

FILE NOW: FILING FEE-AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 24 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734963 (2)
1. Corporation Name
PRAIRIE CREEK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1000 OSCEOLA TR. 1000 OSCEOLA TR.
ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/13/1976	3a. Date of Last Report 04/08/1994
4. FEI Number 59-1679481	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
RICHARD, THOMAS A.
3656 LONE WOLF TRAIL
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE *Theodore W. Buchter* DATE 4-12-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	AZPIAZU, DIANA
STREET ADDRESS	3501 LONE WOLF TRAIL
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	PD
NAME	BALIEY, REGINA
STREET ADDRESS	3681 LONE WOLF TRAIL
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	SD
NAME	SMITH, AMANDA
STREET ADDRESS	3612 CRAZY HORSE TR.
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	TD
NAME	RICHARD, THOMAS
STREET ADDRESS	3656 LONE WOLF TR
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	BONELLI, FRANK
STREET ADDRESS	3505 LONE WOLF TR.
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	P
NAME	COSTERA, ALICE J.
STREET ADDRESS	3625 LONE WOLF TR.
CITY - ST - ZIP	ST. AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☒ Change ☐ Addition
42 NAME	T. W. D. BUCHTER, THEODORE W.
43 STREET ADDRESS	3550 LONE WOLF TRAIL
44 CITY - ST - ZIP	ST. AUGUSTINE, FL.
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Theodore W. Buchter* DATE 4-12-95 OFFICE PHONE 904-797-4870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THEODORE W. BUCHTER