

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734963 (2) 1. Corporation Name PRAIRIE CREEK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 1000 OSCEOLA TR. ST AUGUSTINE FL 32086	Mailing Address 1000 OSCEOLA TR. ST AUGUSTINE FL 32086
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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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3. Date Incorporated or Qualified 02/13/1976	3a. Date of Last Report 04/24/1995
4. FEI Number 59-1679481	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent BUCHTER, THEODORE W 3550 LONE WOLF TRAIL ST. AUGUSTINE FL 32086	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

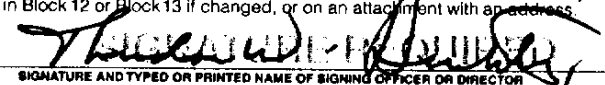
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D ☐ DELETE
NAME	AZPIAZU, DIANA
STREET ADDRESS	3501 LONE WOLF TRAIL
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	PD ☐ DELETE
NAME	BALIEY, REGINA
STREET ADDRESS	3681 LONE WOLF TRAIL
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	SD ☐ DELETE
NAME	SMITH, AMANDA
STREET ADDRESS	3612 CRAZY HORSE TR.
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	TYD ☐ DELETE
NAME	BUCHTER, THEODORE N
STREET ADDRESS	3550 LONE WOLF TRAIL
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	D ☐ DELETE
NAME	BONELLI, FRANK
STREET ADDRESS	3505 LONE WOLF TR.
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	P ☐ DELETE
NAME	COSTEIRA, ALICE J.
STREET ADDRESS	3625 LONE WOLF TR.
CITY - ST - ZIP	ST. AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6-10-96 904-797-4870
Date Daytime Phone

CR2E037 (3/96)