FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90096 044 ****61.25

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DOCUMENT # 734963

1. Corporation Name

PRAIRIE CREEK PROPERTY OWNERS ASSOCIATION, INC.

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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

3. Date Incorporated or Qualifed: 02/13/1976

4. FEI Number: 59-1679481 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BUCHTER, THEODORE W
3550 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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AZPIAZU, DIANA		1.2 NAME		
STREET ADDRESS	3501 LONE WOLF TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COWLING, DAVID		2.2 NAME		
STREET ADDRESS	3617 LONE WOLF TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, AMANDA		3.2 NAME		
STREET ADDRESS	3612 CRAZY HORSE TR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUCHTER, THEODORE W		4.2 NAME		
STREET ADDRESS	3550 LONE WOLF TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHELTON, VIRGINIA		5.2 NAME		
STREET ADDRESS	3531 LONE WOLF TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COSTEIRA, ALICE J.		6.2 NAME		
STREET ADDRESS	3625 LONE WOLF TR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED THEODORE W BUCHTER 5-20-99 (904) 797-4870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)