

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90025 049 ****61.25

DOCUMENT # 734963

1. Entity 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

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

59-1679481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCHTER, THEODORE W
3550 LONE WOLF TRAIL
ST. AUGUSTINE FL 32086

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
Due By May 1, 2004

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 D
NAME HOFER, CARL ☒ Delete
STREET ADDRESS 3580 LONE WOLF TRAIL
CITY-ST-ZIP ST AUGUSTINE FL

TITLE VD
NAME BONELLI, FRANK ☐ Delete
STREET ADDRESS 3505 LONE WOLF TRAIL
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE SD
NAME MORSE, CAROL ☐ Delete
STREET ADDRESS 3648 LONE WOLF TRAIL
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE TD
NAME BUCHTER, THEODORE W ☐ Delete
STREET ADDRESS 3550 LONE WOLF TRAIL
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D
NAME DUFFY, NISHMA ☒ Delete
STREET ADDRESS 3530 LONE WOLF TRAIL
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE PD
NAME COSTEIRA, ALICE J. ☐ Delete
STREET ADDRESS 3673 LONE WOLF TRAIL
CITY-ST-ZIP ST. AUGUSTINE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Change ☐ Addition
NAME AZPIAZU, DIANA
STREET ADDRESS 3501 LONE WOLF TRAIL
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME JOSEPH ROSE
STREET ADDRESS 3639 CRAZY HORSE TRAIL
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Theodore W. Buchter* THEODORE W. BUCHTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04

Date

904-797-4870

Daytime Phone #