2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# 734963

Entity Name: PRAIRIE CREEK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1000 OSCEOLA TR.
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1000 OSCEOLA TR.
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-1679481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MOSKOWITZ, ALLAN
3550 LONE WOLF TRAIL
ST. AUGUSTINE, FL 32086 US

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.

SIGNATURE: ALLAN MOSKOWITZ 04/26/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AZIPIAU, DIANA
Address: 3501 LONE WOLF TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP ( ) Delete
Name: ROSE, JOSEPH
Address: 3639 CRAZY HORSE TRL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: SD ( ) Delete
Name: MOSKOWITZ, ALLAN
Address: 3665 LONE WOLF TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TD ( ) Delete
Name: BUCHTER, THEODORE W
Address: 3550 LONE WOLF TRAIL
City-St-Zip: ST. AUGUSTINE, FL

Title: D (X) Delete
Name: BONAVENTURE, LEO
Address: 3541 LONE WOLF
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VD (X) Delete
Name: BONELLI, FRANK
Address: 3505 LONE WOLF TRAIL
City-St-Zip: ST. AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: BONAVENTURE, LEO
Address: 3541 LONE WOLF TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: MOSKOWITZ, ALLAN
Address: 3665 LONE WOLF TRAIL
City-St-Zip: ST. AUGUSTINE, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN MOSKOWITZ TD 04/26/2009
Electronic Signature of Signing Officer or Director — Date