

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003206

FILED
Apr 21, 2006
Secretary of State

Entity Name: PRAIRIEWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5668 BEAR STONE RUN
OVIDO, FL 32765

New Principal Place of Business:

5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653

Current Mailing Address:

5668 BEAR STONE RUN
OVIDO, FL 32765

New Mailing Address:

5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653

FEI Number: 20-3345154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALSH, JOHN E
5668 BEAR STONE RUN
OVIDO, FL 32765 US

Name and Address of New Registered Agent:

RHINESMITH, PATRICIA
C/O BOSSHARDT PROPERTY MGT
5522 NW 43 STREET SUITE B
GAINESVILLE, FL 32653 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: PATRICIA RHINESMITH

04/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALSH, JOHN E
Address: 5668 BEAR STONE RUN
City-St-Zip: OVIDO, FL 32765

Title: VD () Delete
Name: WALSH, SUSAN
Address: 5668 BEAR STONE RUN
City-St-Zip: OVIDO, FL 32765

Title: STD () Delete
Name: MARTINIDES, KATHY
Address: 5668 BEAR STONE RUN
City-St-Zip: OVIDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: JOHN E WALSH

PD

04/21/2006

Electronic Signature of Signing Officer or Director

Date