



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90038 024 ****61.25

DOCUMENT # N05000003206					
1. Entity Name PRAIRIEWOOD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653		Mailing Address 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653		<p style="text-align: right; font-size: 24px; font-weight: bold;">40096903</p> 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04172007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 20-3345154	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RHINESMITH, PATRICIA C/O BOSSHARDT PROPERTY MGT 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653			Name <u>CAROL MORALES</u> Street Address (P.O. Box Number is Not Acceptable) <u>90 BOSSHARDT PROPERTY MANAGEMENT 7</u> <u>5522-B NW 43 ST.</u> City <u>GAINESVILLE</u> FL Zip Code <u>32653</u>		
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 <u><i>Carol Morales</i></u>		<u>CAROL MORALES</u>		<u>4-18-07</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JOHN E		NAME		
STREET ADDRESS	5668 BEAR STONE RUN		STREET ADDRESS		
CITY-ST-ZIP	OVIDO, FL 32765		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALSH, SUSAN		NAME	GRAHAM GILCHRIST	
STREET ADDRESS	5668 BEAR STONE RUN		STREET ADDRESS	2490 SW 14 DR #40	
CITY-ST-ZIP	OVIDO, FL 32765		CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINIDES, KATHY		NAME	EVELYNE RUBINACCI	
STREET ADDRESS	5668 BEAR STONE RUN		STREET ADDRESS	13475 G ST. NORTH	
CITY-ST-ZIP	OVIDO, FL 32765		CITY-ST-ZIP	WEST PALM BEACH, FL 33062	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ADRIENNE POZZETTA	
STREET ADDRESS			STREET ADDRESS	2490 SW 14 DR #38	
CITY-ST-ZIP			CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Graham Gilchrist</i></u>		<u>Graham Gilchrist</u>		<u>4/24/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	