

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003206

FILED
Apr 27, 2009
Secretary of State

Entity Name: PRAIRIEWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 20-3345154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAELT, BOBBY H
400 BOSSHARDT PROPERTY MGT. INC
5522-B NW 43 ST
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

HOUDERSHELT, BOBBY
C/O BOSSHARDT PROPERTY MGT. INC
5522-B NW 43 ST
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: BOBBY HOUDERSHELT 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GILCHRIST, GRAHAM
Address: 2490 SW 14 DR. #40
City-St-Zip: GAINESVILLE, FL 32607

Title: SD () Delete
Name: RUBINACCI, EVELYNE
Address: 13475 W ST. NORTH
City-St-Zip: POMPANO BEACH, FL 33062

Title: TD () Delete
Name: POZZETTA, ADRIENNE
Address: 2490 SW 14 DR. #38
City-St-Zip: GAINESVILLE, FL 32607

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 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: GRAHAM GILCHRIST PRES 04/27/2009

Electronic Signature of Signing Officer or Director Date