

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
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95 APR 26 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18042 (4)
1. Corporation Name
PRAIRIE LAKES SPRINGS COMMUNITY ASSOCIATION, INC

Principal Place of Business KAY EYERMANN 451 PRAIRIE LAKE COVE ALTAMONTE SPRINGS FL 32701	Mailing Address KAY EYERMANN 451 PRAIRIE LAKE COVE ALTAMONTE SPRINGS FL 32701
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/03/1986	3a. Date of Last Report 09/01/1994
4. FEI Number 59-2892309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for interjurisdictional tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 P.O. Box 151014 Suite, Apt. #, etc. 22 Altamonte Spgs, FL City & State 23 Zip 24 32701 Country USA	2a. Mailing Address 25 P.O. Box 151014 Suite, Apt. #, etc. 26 Altamonte Spgs, FL City & State 27 Zip 28 32701 Country USA
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9. Name and Address of Current Registered Agent

**EYERMANN, KAY M
451 PRAIRIE LAKE COVE
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Kay Eyermann DATE 4/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROBBINS, NATALIE
STREET ADDRESS	460 PRAIRIE LAKE COVE
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	DV
NAME	HATTERWAY, MARILYN
STREET ADDRESS	431 PRAIRIE LAKE COVE
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	PT
NAME	EYERMANN, KAY
STREET ADDRESS	451 PRAIRIE LAKE COVE
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	DS
NAME	HATTERWAY, CHARLOTTE
STREET ADDRESS	450 PRAIRIE LAKE COVE
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	D
NAME	SHERMAN, MARSHALL
STREET ADDRESS	451 PRAIRIE LAKE COVE
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kay Eyermann Kay Eyermann DATE 4/17/95 (407)830-6916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR