SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7. 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (4)N18042 DOCUMENT # PRAIRIE LAKES SPRINGS COMMUNITY ASSOCIATION, INC Mailing Address Principal Place of Business P O BOX 151386 P O BOX 151386 ALTAMONTE SPRINGS FL 32715-1014 ALTAMONTE SPRINGS FL 32715-1014 3. Date Incorporated or 12/03/1986 Qualified 3a. Date of Last Report 04/26/1995 2a. Mailing Address Applied For 2. Principal Place of Business 59-2892309 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Ζip Florida Statutes ີ Yes 🔽 No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EYERMANN, KAY M Street Address (P.O. Box Number is Not Acceptable) 82 451 PRAIRIE LAKE COVE ALTAMONTE SPRINGS FL 32701 83 Zip Code City 85 64 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition DP 11 TITLE TITLE ROBBINS, NATALIE 1.2 NAME NAME 460 PRAIRIE LAKE COVE STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SPRINGS FL 14 CITY - ST - ZIP CITY-ST-ZIP DELETE 2 1 THUE DΡ Change Addition TITLE HATTERWAY, MARILYN 431 PRAINIE LAKE COVE HATTERWAY, MARILYN 2.2 NAME NAME 431 PRAIRIE LAKE COVE 2 3 STREET ADDRESS STREET ADORESS ALTAMONTE SPRINGS FL ALTAMONTE SPRINGS FL 32701-5036 2 4 CITY - ST - ZIP CITY-ST-ZIP DV Change Addition DELETE TITLE 3 1 TITLE EYERMANN, KAY EYERMANN, KAY 3 2 NAME NAME 451 PRAIRIÉ LAKE COIE **451 PRAIRIE LAKE COVE** 3 3 STREET ADDRESS STREET ADDRESS ALTHMONTE SPRINGS FL ?2701-5036 ALTAMONTE SPRINGS FL 3.4 CITY - ST - 7/P CITY-ST-ZIP Addition Change DELETE 41 TITLE TITLE HATTERWAY, CHARLOTTE 4 2 NAME NAME **450 PRAIRE LAKE COVE** 4.3 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE SHERMAN, MARSHALL BHERMAN, MARSHALL 5.2 NAME NAME 421 PRAIRIE LAIVE COVE 451 PRAIRIE LAKE COVE 5 3 STREET ADDRESS STREET ADDRESS ALTAMONIE SPRING FL 32701-5036 ALTAMOTE SPRINGS FL 5 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 617006 TITLE WALL, LARRY 411 PRAIRIE LAKE COVE MALL 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32701-5036 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 turther 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 617, Florida Statutes, and

12 or Block 13 if changed, or on an attachment with an address

FO NAME OF BIGNING OFFICER OR DIRECTOR

MARSHALL

SHERMAN

2 AUG 1996 4073325766 Date Daytime Phone 1 0004056 (3 (3 (8)

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