

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
 CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N18042** (4)
 1. Corporation Name
PRAIRIE LAKES SPRINGS COMMUNITY ASSOCIATION, INC



Principal Place of Business Mailing Address
P O BOX 151386 **P O BOX 151386**
ALTAMONTE SPRINGS FL 32715-1014 **ALTAMONTE SPRINGS FL 32715-1014**
US **US**

3. Date Incorporated or Qualified **12/03/1986** 3a. Date of Last Report **04/26/1995**
 4. FEI Number **59-2892309** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ROBBINS, NATALIE	
STREET ADDRESS	460 PRAIRIE LAKE COVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HATTERWAY, MARILYN	
STREET ADDRESS	431 PRAIRIE LAKE COVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	EYERMANN, KAY	
STREET ADDRESS	451 PRAIRIE LAKE COVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HATTERWAY, CHARLOTTE	
STREET ADDRESS	450 PRAIRIE LAKE COVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERMAN, MARSHALL	
STREET ADDRESS	451 PRAIRIE LAKE COVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	WALL	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HATTERWAY, MARILYN	
23 STREET ADDRESS	431 PRAIRIE LAKE COVE	
24 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701-5036	
31 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	EYERMANN, KAY	
33 STREET ADDRESS	451 PRAIRIE LAKE COVE	
34 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701-5036	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	SHERMAN, MARSHALL	
53 STREET ADDRESS	451 PRAIRIE LAKE COVE	
54 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701-5036	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	WALL, LARRY	
63 STREET ADDRESS	411 PRAIRIE LAKE COVE	
64 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701-5036	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marshall Sherman **MARSHALL SHERMAN** 2 AUG 1996 4073325766
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)