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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18042

1. Corporation Name
PRAIRIE LAKES SPRINGS COMMUNITY ASSOCIATION, INC

Principal Place of Business P O BOX 151386 ALTAMONTE SPRINGS FL 32715-1014 US	Mailing Address P O BOX 151386 ALTAMONTE SPRINGS FL 32715-1014 US
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/03/1986
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2892309
23 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30 Country		

9. Name and Address of Current Registered Agent

SHERMAN, MARSHALL
421 PRAIRIE LAKE COVE
ALTAMONTE SPRINGS FL 32701-5036

10. Name and Address of New Registered Agent

81 Name **SHERMAN, MARSHALL**

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		<input type="checkbox"/> DELETE
TITLE	DP	
NAME	HATTERWAY, MARILYN	
STREET ADDRESS	431 PRAIRIE LAKE COVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	DV	
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	DT	
NAME	SHERMAN, MARSHALL	
STREET ADDRESS	421 PRAIRIE LAKE COVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	
NAME	WALL, LARRY	
STREET ADDRESS	411 PRAIRIE LAKE COVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SHERMAN, MARSHALL **SHERMAN MARSHALL** 2/22/99 4073325766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)