

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18042

1. Entity Name

PRAIRIE LAKES SPRINGS COMMUNITY ASSOCIATION, INC

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90073 030 ****61.25

Principal Place of Business P O BOX 151386 ALTAMONTE SPRINGS FL 32715-1014 US	Mailing Address P O BOX 151386 ALTAMONTE SPRINGS FL 32715-1386 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-2892309	Applied For <input type="checkbox"/> Not Applicable
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Zip 32715-1386	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 *Marshall Sherman* **MARSHALL SHERMAN DT 21 MAR 2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HATTERWAY, MARILYN 431 PRAIRIE LAKE COVE ALTAMONTE SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EYERMANN, KAY 451 PRAIRIE LAKE COVE ALTAMONTE SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HATTERWAY, CHARLOTTE 450 PRAIRIE LAKE COVE ALTAMONTE SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHERMAN, MARSHALL 421 PRAIRIE LAKE COVE ALTAMONTE SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALL, LARRY 411 PRAIRIE LAKE COVE ALTAMONTE SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALL, LARRY 411 PRAIRIE LAKE COVE ALTAMONTE SPRINGS, FL 32701-5036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PATEL, ATUL 441 PRAIRIE LAKE COVE ALTAMONTE SPRINGS, FL 32701-5036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EYERMANN, LOU 451 PRAIRIE LAKE COVE ALTAMONTE SPRINGS, FL 32701-5036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marshall Sherman* **MARSHALL SHERMAN 21 MAR 2000 3325766**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)