

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000005105 (0)

1. Corporation Name
PRAIRIE LAKE VILLAGE HOA, INC.



Principal Place of Business
3312 OLDE WHARF RUN
WINTER PARK FL 32792

Mailing Address
3312 OLDE WHARF RUN
WINTER PARK FL 32792-6133

3. Date Incorporated or Qualified 10/30/1995
3a. Date of Last Report 02/20/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

4. FEI Number 59-3341229
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WILLIAMS WARREN E EQUIRE
26 WEST CENTRAL BOULEVARD
ORLANDO FL 32802~~

81 Name Gus Silvestri
82 Street Address (P.O. Box Number is Not Acceptable) 3312 Olde Wharf Run
83 Winter Park Fl.
84 City Winter Park FL 85 Zip Code 32792

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 *[Signature]* Signature typed or printed here if registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE 1/8/97

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	SILVESTRI, GUS	
STREET ADDRESS	3312 OLDE WHARF RUN	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVESTRI, GUS	
STREET ADDRESS	3312 OLDE WHARF RUN	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVESTRI, DANNY	
STREET ADDRESS	3033 CHIMNEY ROCK ROAD #400	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIMILLO, LOUIS	
STREET ADDRESS	POST OFFICE BOX 950903	
CITY-ST-ZIP	LAKE MARY FL 32795-0903	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAUL SILVESTRI	
1.3 STREET ADDRESS	3312 OLDE WHARF RUN	
1.4 CITY-ST-ZIP	WINTER PARK, FL 32792	
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	PAUL SILVESTRI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	3312 Olde Wharf Run	
4.3 STREET ADDRESS	Winter Park, FL 32792	
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 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.

SIGNATURE: *[Signature]* Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 1/8/97 Daytime Phone # (407) 678-7558 0015500

CR2E037 (9/96)