## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

## Feb 11, 2004 8:00 am **Secretary of State** DOCUMENT # N18042 02-11-2004 90022 014 \*\*\*\*61.25 PRAIRIE LAKES SPRINGS COMMUNITY ASSOCIATION. Principal Place of Business Mailing Address P O BOX 151386 P O BOX 151386 ALTAMONTE SPRINGS, FL 32715-1014 US ALTAMONTE SPRINGS, FL 32715-1386 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082004 Cha-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-2892309 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHERMAN, MARSHALL **421 PRAIRIE LAKE COVE** Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS, FL 32701-5036 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ŊΡ TITLE Delete ΠΙLΕ Change Addition ARRY WALL NAME EYERMANN, LOU NAME 411 PRAIRIE LAKE COVE STREET ADDRESS **451 PRAIRIE LAKE COVE** STREET ADDRESS ALTAMONTE SPRINGS, FL 32701 CITY-ST-7IP CITY-ST-ZIP ALTAMONTE SPRINGS -FL - 32701-5036 TITLE D٧ Delete TITLE MORZION, SPERBER EDWARD FINNERTY NAME **401 PRAIRIE LAKE COVE** STREET ADDRESS STREET ADDRESS 460 PRAIRIE LAKE COVE CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 CITY-ST-7IE <u> ALTAMONIG SPRINGS - FL-32701-5036</u> :TITLE Detete = = TITLE: Change Addition ELAINE, REID NAME NAME 481 PRAIRE LAKE COVE STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS, FL 32701 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHERMAN, MARSHALL NAME NAME STREET ADDRESS **421 PRAIRIE LAKE COVE** STREET ADDRESS CITY-ST-7tP ALTAMONTE SPRINGS, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TΠLF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

MARSHALL SHERMAN

FILED