## 2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 732433** 

Entity Name: PRAIRIE CREEK PARK PROPERTY OWNERS ASSOCIATION,

INC

**Current Principal Place of Business:** 

15651 PRAIRIE CREEK BLVD PUNTA GORDA, FL 33982

**Current Mailing Address:** 

C/O STAR HOSPITALITY MANAGEMENT, INC. 26530 MALLARD WAY PUNTA GORDA, FL 33950

FEI Number: 59-2325604 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY PUNTA GORDA, FL 33950 US

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: SHERRY DANKO 11/09/2020

Electronic Signature of Registered Agent Date

FILED Nov 09, 2020

Secretary of State 9438324622CC

Officer/Director Detail:

Title P Title VF

Name WARREN, PANEM Name BRUNI, BRENDA

Address C/O STAR HOSPITALITY Address C/O STAR HOSPITALITY

MANAGEMENT, INC.
26530 MALLARD WAY
26530 MALLARD WAY
26530 MALLARD WAY

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

Title CO-T Title CO-T

Name BRANNON, KIRK Name STOUT, GENE

Address C/O STAR HOSPITALITY Address C/O STAR HOSPITALITY

MANAGEMENT, INC.
26530 MALLARD WAY
MANAGEMENT, INC.
26530 MALLARD WAY

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

Title S Title D

Name DAVIES, AMELIA Name ROBERTS, KATHLEEN

Address C/O STAR HOSPITALITY Address C/O STAR HOSPITALITY MANAGEMENT, INC. Address C/O STAR HOSPITALITY MANAGEMENT, INC.

26530 MALLARD WAY 26530 MALLARD WAY

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

Title D

Name TURNER, WILLIAM

Address C/O STAR HOSPITALITY

MANAGEMENT, INC. 26530 MALLARD WAY

City-State-Zip: PUNTA GORDA FL 33950

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WARREN PANEM PRES 11/09/2020