Entity Name: PRAIRIE CREEK PARK PROPERTY OWNERS ASSOCIATION,	
INC.	

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

15651 PRAIRIE CREEK BLVD PUNTA GORDA, FL 33982

**DOCUMENT# 732433** 

### **Current Mailing Address:**

C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214 PUNTA GORDA, FL 33950 US

### FEI Number: 59-2325604

#### Name and Address of Current Registered Agent:

PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT214 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: DAVID PALMER

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Officer/Dire	ctor Detail :		
Title	DIRECTOR	Title	VP, DIRECTOR
Name	WARREN, PANEM	Name	BRUNI, BRENDA
Address	C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214	Address	C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214
City-State-Zip:	PUNTA GORDA FL 33950	City-State-Zip:	PUNTA GORDA FL 33950
Title	DIRECTOR	Title	DIRECTOR, PRESIDENT
Name	MROZ, JESSICA	Name	SKOOG, CATHIE
Address	C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214	Address	C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214
City-State-Zip:	PUNTA GORDA FL 33950	City-State-Zip:	PUNTA GORDA FL 33950
Title	SECRETARY, DIRECTOR	Title	DIRECTOR, TREASURER
Name	BRODY, LINDA	Name	LANG, JOHN
Address	C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214	Address	C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214
City-State-Zip:	PUNTA GORDA FL 33950	City-State-Zip:	PUNTA GORDA FL 33950
Title	DIRECTOR		
Name	WELCHMAN, TOMMY		
Address	C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214		
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: CATHIE SKOOG												PRESIDENT	
				<u>.</u>				0.00	(				

Electronic Signature of Signing Officer/Director Detail

## Certificate of Status Desired: No

03/01/2024 Date

03/01/2024

Date