

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732433

Entity Name: PRAIRIE CREEK PARK PROPERTY OWNERS ASSOCIATION, INC.**FILED**
Apr 11, 2018
Secretary of State
CC0009447918**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****04/11/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	ONOFRI, WAYNE
Address	C/O STAR HOSPITALITY MANAGEMENT, INC. 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	CO-T
Name	HOPPER, CHARLES
Address	C/O STAR HOSPITALITY MANAGEMENT, INC. 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	S
Name	DEAN, DWIGHT
Address	C/O STAR HOSPITALITY MANAGEMENT, INC. 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	RYAN, TRISHA
Address	C/O STAR HOSPITALITY MANAGEMENT, INC. 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	VP
Name	TURNER, WILLIAM
Address	C/O STAR HOSPITALITY MANAGEMENT, INC. 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	CO-T
Name	PRIMOZIC, RONALD
Address	C/O STAR HOSPITALITY MANAGEMENT, INC. 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	GATES, LELAND III
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: WAYNE ONOFRI**PRES****04/11/2018**

Electronic Signature of Signing Officer/Director Detail

Date