2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732433

Entity Name: PRAIRIE CREEK PARK PROPERTY OWNERS ASSOCIATION,

INC.

FILED
Apr 30, 2013
Secretary of State
CC6027045782

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:

DANKO, SHERRY C/O STAR HOSPITALITY MANAGEMENT, INC. 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 04/30/2013

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title VP

Name ONOFRI, WAYNE Name CLARK, JEFF

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

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

330 IVIALLAND WAT

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

Title T Title S

Name GATES, LELAND JR. Name BORREGO, KAREN

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

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

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

Title D Title D

Name COX, LOREN Name HOPPER, CHARLES

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

MANAGEMENT, INC.

MANAGEMENT, INC.

26520 MALLARD WAY

26530 MALLARD WAY 26530 MALLARD WAY

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

Title D

Name SLEAR, JACK

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 PRESIDENT 04/30/2013