

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732433

FILED
Apr 08, 2015
Secretary of State
CC9222774877

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

04/08/2015

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

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

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

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

Title D
Name GENTRY, JOSEPH
Address C/O STAR HOSPITALITY MANAGEMENT, INC.
26530 MALLARD WAY
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: WAYNE ONOFRI

PRESIDENT

04/08/2015

Electronic Signature of Signing Officer/Director Detail

Date