

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 732433

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

**FILED**  
**May 21, 2024**  
**Secretary of State**  
**6719879979CC**

**Current Principal Place of Business:**

PRAIRIE CREEK BLVD  
PUNTA GORDA, FL 33982

**Current Mailing Address:**

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

**FEI Number: 59-2325604**

**Certificate of Status Desired: No**

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

PALMER PROPERTY MANAGEMENT  
6210 SCOTT STREET, UNIT 214  
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**

**05/21/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, VP  
Name WARREN, PANEM  
Address C/O PALMER PROPERTY MANAGEMENT  
6210 SCOTT STREET, UNIT 214  
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR  
Name BRAZZI, JIM  
Address C/O PALMER PROPERTY MANAGEMENT  
6210 SCOTT STREET, UNIT 214  
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR  
Name MROZ, JESSICA  
Address C/O PALMER PROPERTY MANAGEMENT  
6210 SCOTT STREET, UNIT 214  
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR, PRESIDENT  
Name SKOOG, CATHIE  
Address C/O PALMER PROPERTY MANAGEMENT  
6210 SCOTT STREET, UNIT 214  
City-State-Zip: PUNTA GORDA FL 33950

Title SECRETARY, TREASURER, DIRECTOR  
Name BRODY, LINDA  
Address C/O PALMER PROPERTY MANAGEMENT  
6210 SCOTT STREET, UNIT 214  
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR  
Name LIPKIS, DAVID  
Address C/O PALMER PROPERTY MANAGEMENT  
6210 SCOTT STREET, UNIT 214  
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**

**05/21/2024**

