## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18042

Entity Name: PRAIRIE LAKES SPRINGS COMMUNITY ASSOCIATION, INC.

**FILED** Mar 04, 2016 **Secretary of State** CC9965689535

Date

## **Current Principal Place of Business:**

481 PRAIRIE LAKE COVE

ALTAMONTE SPRINGS. FL 32701

## **Current Mailing Address:**

P O BOX 151386

ALTAMONTE SPRINGS. FL 32701-5036 US

FEI Number: 59-2892309 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

REID, ELAINE S 481 PRAIRIE LAKE COVE ALTAMONTE SPRINGS, FL 32701 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: ELAINE S REID 03/04/2016

Electronic Signature of Registered Agent

Date

Title

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

LEFTWICH, BRETT Name MCCOOK, SHAWN Name

**461 PRAIRIE LAKE COVE** Address **421 PRAIRIE LAKE COVE** Address

City-State-Zip: ALTAMONTE SPRINGS FL 32701-ALTAMONTE SPRINGS FL 32701 City-State-Zip:

5036

**TREASURER** 

Title **SECRETARY** 

NEILL, MEREDITH Name Name REID, ELAINE

Address 460 PRAIRE LAKE COVE Address 481 PRAIRIE LAKE COVE

ALTAMONTE SPRINGS FL 32701 City-State-Zip: City-State-Zip: ALTAMONTE SPRINGS FL 32701

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.

03/04/2016 SIGNATURE: ELAINE S REID **TREASURER**