

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18042

**Entity Name:** PRAIRIE LAKES SPRINGS COMMUNITY ASSOCIATION, INC.

**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

02/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LEFTWICH, BRETT  
Address        461 PRAIRIE LAKE COVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            VP  
Name            MCCOOK, SHAWN  
Address        421 PRAIRIE LAKE COVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701-5036

Title            SECRETARY  
Name            NEILL, MEREDITH  
Address        460 PRAIRIE LAKE COVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            TREASURER  
Name            REID, ELAINE  
Address        481 PRAIRIE LAKE COVE  
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.*

**SIGNATURE:** ELAINE S REID

**TREASURER**

02/10/2017

Electronic Signature of Signing Officer/Director Detail

Date