

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25778

Entity Name: PRESTWICK VILLAGE AT THE EAGLES, INC.**Current Principal Place of Business:**DAVID W. ORMISTON, CPA, PA
800 TARPON WOODS BLVD, F-4
PALM HARBOR, FL 34685**Current Mailing Address:**DAVID W. ORMISTON, CPA, PA
800 TARPON WOODS BLVD, F-4
PALM HARBOR, FL 34685**FEI Number:** 59-2900630**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ORMISTON, DAVID W
800 TARPON WOODS BLVD.
F-4
PALM HARBOR, FL 34685 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title DP
Name BORCHERS, FRED
Address 16312 COLWOOD DR
City-State-Zip: ODESSA FL 33556Title DS
Name WUNSCH, PETER
Address 16308 COLWOOD DR
City-State-Zip: ODESSA FL 33556Title D
Name ARCHER, CRAIG
Address 16301 BIRKDALE DR
City-State-Zip: ODESSA FL 33556Title DIRECTOR
Name RADEMACHER, BRUCE
Address 800 TARPON WOODS BLVD, F-4
City-State-Zip: PALM HARBOR FL 34685Title DT
Name TURRELL, PETER
Address 16307 COLWOOD DR
City-State-Zip: ODESSA FL 33556Title D
Name MULVIHILL, JOHN
Address 800 TARPON WOODS BLVD, F-4
City-State-Zip: PALM HARBOR FL 34685Title D
Name GALEANO, SERGEI
Address 16314 COLWOOD DR
City-State-Zip: ODESSA FL 33556

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: FRED BORCHERS

PRES

04/23/2014

Electronic Signature of Signing Officer/Director Detail

Date