


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90207 019 \*\*\*\*61.25

<b>DOCUMENT # 745700</b> 1. Entity Name <b>PRAIRIE CREEK WEST PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2421 SHREVE STREET STE 115 PUNTA GORDA, FL 33950 US</b>			Mailing Address <b>2421 SHREVE STREET STE 115 PUNTA GORDA, FL 33950 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2434591</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BENNETT, DOROTHY M 2421 SHREVE STREET STE 115 PUNTA GORDA, FL 33950</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD WEINSTEIN, DONALD 13251 OAKWOOD CT. PUNTA GORDA, FL 33982</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBBINS, CHARLES 5223 BLACKJACK CIRCLE PUNTA GORDA, FL 33982</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD GULAU, RONALD 5241 BLACKJACK CIRCLE PUNTA GORDA, FL 33982</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCHULTE, RICK 5245 BLACKJACK CIRCLE PUNTA GORDA, FL 33982</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WOOD, ARTHUR DR. 5228 BLACKJACK CIR. PUNTA GORDA, FL 33982</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRESSLEY, RON. 5231 BLACKJACK CIR. PUNTA GORDA, FL 33982</b>	<input checked="" type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHULTE, RICK 5245 BLACKJACK CIRCLE PUNTA GORDA, FL 33982</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FAGER, IAN 5243 BLACKJACK CIRCLE PUNTA GORDA, FL 33982</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>Dorothy M. Bennett P.A.</i></u> <b>4/26/05 941-639-1142</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					