


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90484 004 \*\*\*\*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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2434591</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BENNETT, DOROTHY M 2421 SHREVE STREET STE 115 PUNTA GORDA, FL 33950</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD <input type="checkbox"/> Delete	TITLE	<div style="display: flex; justify-content: space-between;"> <span><b>D</b></span> <span><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</span> </div>		
NAME	WEINSTEIN, DONALD	NAME	<b>WEINSTEIN, DONALD</b>		
STREET ADDRESS	13251 OAKWOOD CT.	STREET ADDRESS	<b>13251 OAKWOOD CT.</b>		
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP	<b>PUNTA GORDA FL 33982</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBBINS, CHARLES	NAME			
STREET ADDRESS	5223 BLACKJACK CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP			
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GULAU, RONALD	NAME			
STREET ADDRESS	5241 BLACKJACK CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHULTZ, RICK	NAME			
STREET ADDRESS	5245 BLACKJACK CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FABER, IAN	NAME			
STREET ADDRESS	5243 BLACKJACK CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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> <i>D. Bennett</i> <b>C. A. M.</b>		<b>4/26/06</b>		<b>941-639-1142</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

**50017997**



03132006 Chg-NP CR2E037 (11/05)