

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745700

FILED
Apr 20, 2009
Secretary of State

Entity Name: PRAIRIE CREEK WEST PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2421 SHREVE STREET
STE 115
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

2421 SHREVE STREET
STE 115
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 59-2434591 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BENNETT, DOROTHY M
2421 SHREVE STREET
STE 115
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARRITY, THOMAS M
Address: 5221 BLACKJACK CIRCLE
City-St-Zip: PUNTA GORDA, FL 33982

Title: D () Delete
Name: ROBBINS, CHARLES
Address: 5223 BLACKJACK CIRCLE
City-St-Zip: PUNTA GORDA, FL 33982

Title: D () Delete
Name: SCHULTZ, RICK
Address: 5245 BLACKJACK CIRCLE
City-St-Zip: PUNTA GORDA, FL 33982

Title: D (X) Delete
Name: FABER, IAN
Address: 5243 BLACKJACK CIRCLE
City-St-Zip: PUNTA GORDA, FL 33982

Title: D (X) Delete
Name: PRESSLEY, SHARON
Address: 5231 BLACKJACK CIR
City-St-Zip: PUNTA GORDA, FL 33982

Title: D (X) Delete
Name: SCOTT, THOMAS
Address: 5217 BLACKJACK CIRCLE
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CORBETT, SHAUN
Address: 5644 BLACKJACK COURT
City-St-Zip: PUNTA GORDA, FL 33982

Title: SD (X) Change () Addition
Name: BENNETT, DOROTHY M
Address: 2421 SHREVE STREET, SUITE 115
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOROTHY M. BENNETT

CAM

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date