

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 747298

FILED
Sep 06, 2002
Secretary of State

Entity Name: PRAIRIE POINTE OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business:

8205 S.W. 44 TERR
GAINESVILLE, FL 326082115

New Principal Place of Business:

Current Mailing Address:

8205 S.W. 44 TERR
GAINESVILLE, FL 326082115

New Mailing Address:

FEI Number: 59-2773890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASTORE, JOHN
8205 S.W. 44 TERRACE
GAINESVILLE, FL 32608 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: ADAMS, MOLLIE
Address: 8207 S.W. 43 TERRACE
City-St-Zip: GAINESVILLE, FL

Title: TD () Delete
Name: PASTORE, JOHN,
Address: 8205 S.W. 44TH TERR.
City-St-Zip: GAINESVILLE, FL

Title: SD () Delete
Name: BOYETT, KATE
Address: 8128 SW 44TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: JOHN PASTORE

TD

09/06/2002

Electronic Signature of Signing Officer or Director

Date