## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 747298**

FILED Mar 21, 2007 Secretary of State

Entity Name: PRAIRIE POINTE OWNERSHIP ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 8205 S.W. 44 TERR 8015 S.W. 42TERR GAINESVILLE, FL 326082115 GAINESVILLE, FL 326082115 **Current Mailing Address: New Mailing Address:** 8205 S.W. 44 TERR 8015 S.W. 42 TERR GAINESVILLE, FL 326082115 GAINESVILLE, FL 326082115 FEI Number: 59-2773890 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PASTORE, JOHN PASTORE, JOHN 8205 S.W. 44 TERRACE 8015 S.W. 42 TERRACE GAINESVILLE, FL 32608 US US GAINESVILLE, FL 32608 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: 03/21/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition ADAMS, MOLLIE Name: Name: Address: 8207 S.W. 43 TERRACE Address: City-St-Zip: GAINESVILLE, FL City-St-Zip: Title: TD () Delete Title: TD (X) Change ( ) Addition Name: PASTORE, JOHN, Name: PASTORE, JOHN, Address: 8205 S.W. 44TH TERR. Address: 8015 S.W. 42TH TERR. City-St-Zip: GAINESVILLE, FL City-St-Zip: GAINESVILLE, FL Title: () Delete Title: () Change () Addition BOYETT, KATE Name: Name: 8128 SW 44TH TERRACE Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN PASTORE TD 03/21/2007