

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747298

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** PRAIRIE POINTE OWNERSHIP ASSOCIATION, INC.

**Current Principal Place of Business:**

8015 S.W. 42TERR  
GAINESVILLE, FL 326082115

**New Principal Place of Business:**

**Current Mailing Address:**

8015 S.W. 42 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  
8015 S.W. 42 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  
Name: ADAMS, MOLLIE  
Address: 8207 S.W. 43 TERRACE  
City-St-Zip: GAINESVILLE, FL

Title: TD  
Name: PASTORE, JOHN  
Address: 8015 S.W. 42TH TERR.  
City-St-Zip: GAINESVILLE, FL

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN A. PASTORE JR.

TD

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date