



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90142 001 \*\*\*\*61.26

<b>DOCUMENT # 766566</b> 1. Entity Name <b>PRAIRIE LAKE MANORS RECREATION ASSOCIATION, INC.</b>					
Principal Place of Business <b>KATHERINE SNIDER 125 E. LAUREN CT. FERN PARK FL 32730</b>				Mailing Address <b>KATHERINE SNIDER 125 E. LAUREN CT. FERN PARK FL 32730</b>	
2. Principal Place of Business <b>SCOTT KING</b> Suite, Apt. #, etc. <b>116 E. Lauren Ct.</b> City & State <b>Fern Park, FL</b> Zip <b>32730</b>		3. Mailing Address <b>SCOTT KING</b> Suite, Apt. #, etc. <b>116 E. Lauren Ct.</b> City & State <b>Fern Park, FL</b> Zip <b>32730</b>		 1st MOORE CR2E037 (10/04)	
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>NO-T APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>KING, SCOTT 116 E. LAUREN CT. FERN PARK FL 32730</b>				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</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>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KING, SCOTT</b> <b>116 E. LAUREN CT.</b> <b>FERN PARK FL 32730</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>JACKSON, JAMES M.</b> <b>115 E. LAUREN COURT</b> <b>FERN PARK FL</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HAGGEN, MICHELLE</b> <b>131 WEST LAUREN COURT</b> <b>FERN PARK FL</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SNIDER, KATHERINE</b> <b>125 E. LAUREN CT.</b> <b>FERN PARK FL</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAGEN, SCOTT</b> <b>1325 WEST LAUREN COURT</b> <b>FERN PARK FL</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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>Katherine Snider</i> <span style="float: right;">03/24/05 407-830-9676</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					