
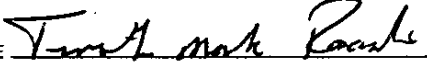



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90081 003 \*\*\*\*70.00

<b>DOCUMENT # 766566</b> 1. Entity Name <b>PRAIRIE LAKE MANORS RECREATION ASSOCIATION, INC.</b>					
Principal Place of Business <b>DALE LEWIS</b> <b>102 E. LAUREN CT</b> <b>FERN PARK, FL 32730</b>			Mailing Address <b>DALE LEWIS</b> <b>102 E. LAUREN CT</b> <b>FERN PARK, FL 32730</b>		
2. Principal Place of Business - No P.O. Box # <b>Katherine Gunnell</b>		3. Mailing Address <b>Katherine Gunnell</b>			
Suite, Apt. #, etc. <b>125 E. Lauren Ct.</b>		Suite, Apt. #, etc. <b>P.O. Box 300165</b>			
City & State <b>Fern Park, FL.</b>		City & State <b>Fern Park, FL.</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>32730</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEWIS, DALE</b> <b>102 E. LAUREN CT</b> <b>FERN PARK, FL 32730</b>			7. Name and Address of New Registered Agent Name <b>Timothy M. Roach</b> Street Address (P.O. Box Number is Not Acceptable) <b>131 W. Lauren Ct.</b> City <b>Fern Park</b> <b>FL</b> <b>32730</b>		
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  <b>Timothy M. Roach</b> <b>04/24/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</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</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, DALE 102 E. LAUREN CT FERN PARK, FL 32730	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Timothy M. Roach 131 W. Lauren Ct. Fern Park, FL. 32730	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, JAMES M. 115 E. LAUREN COURT FERN PARK, FL	<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	SD KIRKLAND, MARY 127 EAST LAUREN CT FERN PARK, FL 32730	<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	S GUNNELL, KATHERINE 125 E. LAUREN CT. FERN PARK, FL 32730	<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	D KING, SCOTT 116 EAST LAUREN CT FERN PARK, FL 32730	<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	D LEWIS, TERESA 102 E. LAUREN CT FERN PARK, FL 32730	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott Paugh 126 E. Lauren Ct. Fern Park, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 officers, directors, receivers, or trustees. <b>Katherine Gunnell</b> <b>04/24/08</b> <b>407-830-9676</b>					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					