## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#766566** 

FILED Jan 07, 2009 Secretary of State

Entity Name: PRAIRIE LAKE MANORS RECREATION ASSOCIATION, INC.

	Principal Place of Bu	siness:	New Principal Place	of Business:	
125 E. LA	NE GUNNELL UREN CT. RK, FL 32730				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
KATHERINE GUNNELL 125 E. LAUREN CT. FERN PARK, FL 32730		P.O. BOX 300165	KATHERINE GUNNELL P.O. BOX 300165 FERN PARK, FL 32730		
FEI Numbei	r: FEI1	Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and	d Address of Curren	t Registered Agent:	Name and Address	of New Registered Agent:	
131 W. ĹA	TIMOTHY M AUREN CT. RK, FL 32730 US				
	e named entity submit te of Florida.	s this statement for the p	ourpose of changing its registere	ed office or registered agent, or both	
SIGNATU					
	Electronic Sign	nature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	P () Delete ROACH, TIMOTHY M 131 W. LAUREN CT. FERN PARK, FL 3273	0	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VD ( ) Delete JACKSON, JAMES M.,	т	Title: Name: Address:	( ) Change ( ) Addition	
Address:	115 E. LAUREN COUR' FERN PARK, FL		City-St-Zip:		
Address: City-St-Zip: Title: Name: Address:	FERN PARK, FL  SD ( ) Delete KIRKLAND, MARY 127 EAST LAUREN CT			( ) Change ( ) Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	FERN PARK, FL  SD ( ) Delete KIRKLAND, MARY 127 EAST LAUREN CT	o <b>=</b>	City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	FERN PARK, FL  SD ( ) Delete KIRKLAND, MARY 127 EAST LAUREN CT FERN PARK, FL 3273  S ( ) Delete GUNNELL, KATHERINE 125 E. LAUREN CT.	0 ≣ 0	City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify 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: KATHERINE S. GUNNELL S 01/07/2009