


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000005989 1. Entity Name PRAIRIE BREEZE OWNERS ASSOCIATION, INC.	
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Principal Place of Business 8828 SW 44TH LN GAINESVILLE, FL 32608	Mailing Address 8828 SW 44TH LN GAINESVILLE, FL 32608
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2408663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARIS, ROGER JR 8828 SW 44TH LN GAINESVILLE, FL 32608

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000725845
05/03/07-80039-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARIS, ROGER JR 8828 SW 44TH LN GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARIS, DANIS 8828 SW 44TH LN GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, RACHEL 2145 NW 3RD PLACE GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: *D. Maris* *Danis Maris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07
Date

(352)336-1883
Daytime Phone #